

4455

THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT of the County Medical Officer of Health for the year **1967**


A. F. TURNER, M.B., B.Ch., D.P.H.

THE HEALTH AND SOCIAL SERVICES OF DORSET



ANNUAL REPORT of the County Medical Officer of Health for the year **1967**

A. F. TURNER, M.B., B.Ch., D.P.H.



Digitized by the Internet Archive
in 2017 with funding from
Wellcome Library

<https://archive.org/details/b2916574x>

CONTENTS

	Page
FOREWORD	i
HEALTH DEPARTMENT ESTABLISHMENTS	1
COMMITTEES	2
GENERAL STATISTICAL SUMMARY OF THE COUNTY	4
COMMENTS ON VITAL STATISTICS	5
INFECTIOUS DISEASE	7
PUBLIC HEALTH LABORATORY SERVICE	9
NATIONAL HEALTH SERVICE ACT, 1946	10
Care of mothers and young children (Section 22)	10
Ante-natal clinics	10
Mothercraft and Relaxation Classes	10
Child Health Clinics	10
The Care of Handicapped Babies	12
Notification of Congenital Abnormalities apparent at birth	12
Contraception Clinic	12
Cervical Cytology Clinics	12
Care of Unmarried Mothers	13
Distribution of Welfare Foods	13
Day Nursery	13
Dental Care - Priority Classes	13
Staff	13
Dental Inspections and Treatment	14
Statistics	14
Midwifery (Section 23)	16
Maternal Deaths	16
Neonatal Deaths	16
Premature Infants	16
Health Visiting (Section 24)	18
Cases Visited	18
Home Nursing (Section 25)	19
Immunisation and Vaccination (Section 26)	19
Ambulance Service (Section 27)	21
Prevention of Illness, Care and After-Care (Section 28)	24
Tuberculosis	24
B.C.G. Vaccination of Schoolchildren	25
Mass Radiography	25
Venereal Disease	27
Health Education	27
Chiropody	28
Home Help Service (Section 29)	28
MENTAL HEALTH ACT, 1959	32
Mental Health	32
Residential Accommodation	32
Training Centres	32
Mental Welfare Officers	34
Mental Illness	34

Mental Subnormality	36
Liaison with Hospital Services	36
Voluntary Bodies	37
The Development Plan	37
Dental Care for the Mentally Handicapped	37
NATIONAL ASSISTANCE ACT, 1948	40
Residential Accommodation	40
Special Housing for the Elderly	40
Meals on Wheels	41
Social Welfare	41
Registration and Inspection of Disabled Persons and Old Persons Homes	41
Welfare of the Blind and Partially Sighted	42
Welfare of the Deaf and Hard of Hearing	43
Physically Handicapped (General Classes)	44
REGISTRATION OF NURSING HOMES	45
NURSERIES AND CHILD MINDERS REGULATIONS ACT, 1948	45
ENVIRONMENTAL HYGIENE	46
Water Supply	46
Sewerage and Sewage Disposal	48
Schemes submitted, commenced and/or completed during 1967	50
The Prevention of River Pollution	51
The Disposal of Sewage into the Sea	52
INSPECTION AND SUPERVISION OF FOOD	54
Milk Supply	54
Meat and Other Foods	56
Food and Drugs	57
CLEAN AIR	57
GYPSY SITES	59
LAY-BY SANITATION	59
HOUSING	59
TABLES	
1. Vital Statistics	63
2. Notifications of Infectious and Other Notifiable Diseases	64
3. Attendances at Welfare Centres	65
4. Vital Statistics in Administrative Areas	66
5. Ambulance Service Statistics	67
6. Hospital Car Service Statistics	68
7. Analysis of Persons in Residential Accommodation	69
8. Meals on Wheels Service	70

FOREWORD

At the time of writing this Annual Report both the Minister of Health's Green Paper on the administrative structure of the medical and related services in England and Wales suggesting reorganisation of the health services, and the Seebohm Report on the welfare services have not long been received.

In his report the Minister of Health has been commendably brief. He has drafted new proposals for the administration of Hospitals, Local Health Authorities and Executive Councils. Many will disagree with Area Boards, which are suggested, and will argue that the problem has been oversimplified, but if the balance between hospital and community interests can be preserved within the framework of the new boards the services can certainly be more efficiently controlled than is possible under the existing tripartite management.

At best the 1946 National Health Service Act was experimental with many improvisations and shortcomings; indeed the concept of the Executive Council was itself a last minute improvisation to form a practical working basis for the general practitioner, and the allied pharmaceutical, dental and ophthalmic services. In spite of this beginning, over the last twenty years the three separate branches have slowly learnt to work with each other and this trend, which has gained considerable momentum in the last few years, might well tip the scales in favour of area boards so making possible the unification of all health services within one organisation. Special consideration will have to be given to family doctors to preserve their representation and relationship on professional matters with the new board.

It is hoped that the great difficulties in making such a radical change in management can be resolved quickly, can be related to the findings of the Royal Commission on Local Government, and have the full agreement of the medical, dental and other professions concerned.

The Seebohm Report on local authority and allied personal social services was also received. This deals with the setting up of social welfare departments within local authorities, managed by lay chief officers with advice on medical aspects from various consultants appointed on a part-time basis who have received some training in social medicine. If the health services are unified it would be logical and indeed necessary to make this arrangement for the welfare services.

Health Centres

Some progress has been made towards the building of the first three health centres in Dorset. In Bridport plans for the conversion of the clinic into a comprehensive health centre for the town are already well advanced. In Wareham the site has been agreed with the local doctors, the local council, and the planning department, and in Shaftesbury it is hoped that the Bimport school site adjacent to the Hospital and Maternity Unit can be acquired from the Education Department and that planning approval will be forthcoming.

Financing the capital building of health centres by local health authorities is complicated and the apportionment of charges for running expenses once the centre is opened is even more complicated. A centre can be used by the local health authority, the general practitioners, the Hospital Board, the Education Department for school health services, and Seebohm has suggested that welfare officers may need accommodation, and some rationalisation of responsibility for the provision of capital and revenue money for health centres is urgently required if satisfactory progress is to be made in the building programme.

Miss Irene F. Ranklin

Miss Ranklin was appointed County Nursing Superintendent with the Dorset County Nursing Association in December 1945. She was responsible for the reorganisation of the health visiting and nursing services in 1948 when the National Health Service came into effect, and finally came on the County Council staff in 1959 when the administration of the nursing services was transferred from the Nursing Association to the County Council. She retired in September.

Miss Ranklin was a first class practical nurse and midwife and the ease with which she administered the nursing services stemmed from this fact. All members of the health department wish her a very happy retirement.

A.F. TURNER

County Medical Officer

Health Department,
County Hall,
Dorchester,
Dorset.

October, 1968.

HEALTH DEPARTMENT ESTABLISHMENTS

Central Staff

COUNTY MEDICAL OFFICER

A. F. Turner, M.B., B.Ch., D.P.H.

DEPUTY COUNTY MEDICAL OFFICER

G. F. Willson, M.D., D.P.H.

SENIOR MEDICAL OFFICERS

W. H. Simonds, M.A., M.D.

Mary Townsend, M.B., B.S., M.R.C.P.,
D.C.H.

ASSISTANT COUNTY MEDICAL OFFICERS

Jill C. White, M.B., B.S., M.R.C.S.,
L.R.C.P., D.P.H., D.C.H.

A. J. M. Hargreaves, M.R.C.S., L.R.C.P.,
D.T.M. and H.

Elizabeth M. S. Wotherspoon, M.B.,
Ch.B. (Part-time)

DISTRICT MEDICAL OFFICERS AND SENIOR ASSISTANT COUNTY MEDICAL OFFICERS

Blandford Forum Borough, Wimborne Urban District, Blandford and Wimborne Rural Districts

G. B. Hopkins, M.B., Ch.B., D.P.H.

Bridport and Lyme Regis Boroughs, Beaminster and Bridport Rural Districts

J. G. Meadows, M.B., Ch.B., D.P.H.

Dorchester Borough, Dorchester Rural District

K. J. Adams, M.R.C.S., L.R.C.P., D.P.H.

Shaftesbury Borough, Sherborne Urban District, Shaftesbury, Sherborne and Sturminster Rural Districts

N. F. Pearson, M.R.C.S., L.R.C.P., D.P.H.

Wareham Borough, Swanage Urban District, Wareham and Purbeck Rural District

W. E. Hadden, M.B., B.S., M.R.C.S., L.R.C.P., D.P.H.

CHIEF DENTAL OFFICER

J. S. Maclachlan, L.D.S., R.C.S. Eng.

DENTAL OFFICERS (9)

SENIOR ADMINISTRATIVE OFFICER

V. W. V. Clarke, D.P.A.

COUNTY PUBLIC HEALTH ENGINEER

F. M. W. King, F.S.E., F.R.S.H.,
F.I.P.H.E.

ASSISTANT COUNTY PUBLIC HEALTH OFFICER

A. H. Parry, M.R.S.H., F.A.P.H.I.

COUNTY AMBULANCE OFFICER

C. D. Legg, D.P.A.

SENIOR ADMINISTRATIVE OFFICER AND FIELD WORK SUPERINTENDENT

H. Paling, D.P.A., D.M.A., M.S.M.W.O.

SENIOR DISTRICT WELFARE OFFICERS (3)

DISTRICT WELFARE OFFICERS (9)

SOCIAL WELFARE OFFICERS (3)

WELFARE OFFICERS FOR THE BLIND (5)

WELFARE ASSISTANTS (4)

DOMESTIC HELP ORGANISER

Margaret F. Gibson, S.R.N., S.C.M.,
H.V. Cert.

COUNTY NURSING OFFICER

Bridget C. Thornton, S.R.N., S.C.M.,
H.V. Cert.

DEPUTY COUNTY NURSING OFFICER

Flora M. Farnsworth, S.R.N., S.C.M.,
H.V. Cert.

ASSISTANT COUNTY NURSING OFFICER (Vacancy)

HEALTH VISITORS (23)

NURSES AND MIDWIVES (52)

NURSING ASSISTANTS (8)



South Dorset Area Staff

AREA MEDICAL OFFICER

E.J.G. Wallace, M.B., Ch.B., D.P.H.

SENIOR DENTAL OFFICER

R.H.J. Fairney, L.D.S., R.C.S.

DENTAL OFFICERS (2)

ASSISTANT DOMESTIC HELP ORGANISER

Mary G. Brawley

ASSISTANT COUNTY MEDICAL OFFICER

Pauline M. Seymour-Cole, M.B., B.S.,
M.R.C.S., L.R.C.P., D.C.H.

HEALTH VISITORS (8)

NURSES AND MIDWIVES (13)

NURSING ASSISTANTS (3)

Delegate District - Poole Borough Staff

BOROUGH MEDICAL OFFICER

J. Hutton, M.D., D.P.H.

DEPUTY BOROUGH MEDICAL OFFICER

A. McCutcheon, M.B., Ch.B., D.P.H.

BOROUGH SENIOR DENTAL OFFICER

F.E.R. Williams, L.D.S.

DENTAL OFFICERS (3)

SENIOR ADMINISTRATIVE ASSISTANT

B.J. Fentiman

ADMINISTRATIVE ASSISTANT FOR MENTAL HEALTH AND WELFARE SERVICES

J.H. Wickens

SENIOR MENTAL WELFARE OFFICER

K.W. Bamford

MENTAL WELFARE OFFICERS (2)

WELFARE OFFICERS FOR THE BLIND (3)

ASSISTANT MEDICAL OFFICERS (4)

Kathleen M. Cairns, M.B., B.S.

M.R.C.S., L.R.C.P. (Part-time)

Rosa Strunin, M.D. (Berlin)

H.C. Williamson, M.B., B.Ch., B.A.O.,
D.P.H.

Vacancy (1)

DOMESTIC HELP ORGANISER

Jean Jackson, R.G.N.

BOROUGH NURSING OFFICER

Marian Davies, S.R.N., S.C.M., Q.N.,
H.V. Cert.

DEPUTY BOROUGH NURSING OFFICER

Doreen B. Wagland, S.R.N., S.C.M.,
Q.N., H.V. Cert.

LIAISON HEALTH VISITORS (3)

HEALTH VISITORS (12)

MIDWIVES (WHOLE-TIME) (11)

HOME NURSES (WHOLE-TIME) (17) (PART-TIME) (2)

NURSING ASSISTANTS (5)

COMMITTEES

Health and Social Services

Composition - Thirty elected members, Chairman and Vice-Chairman of the County Council and Chairman or Vice-Chairman of the Education Committee and of the Finance Committee, ex-officio, and seven co-opted Members - Total 41.

Sub-Committees of the Health and Social Services Committee

Ambulance Service Sub-Committee

Health Services Sub-Committee

Mental Health Sub-Committee

Public Health Sub-Committee

Social Services Committee

South Dorset Area Health Sub-Committee

Nursing Agencies Sub-Committee

Nursing Homes, Nurseries and Child-Minders
Sub-Committee

Delegation of Functions to Councils of County Districts - Poole Borough Council

In accordance with a delegation scheme made under Section 46 of the Local Government Act, 1958, Poole Borough Council adminster a wide range of health and welfare services on behalf of the County Council.

GENERAL STATISTICAL SUMMARY OF THE COUNTY

The following is a summary of the vital statistics for the administrative county:-

Area in acres	..	..	..	..	..	..	..	..	..	..	625,460
Population	..	..	..	..	..	..	..	Urban	205,330		
								Rural	132,580	337,910	
Rateable Value as at 1st April, 1967	..	..	..	..	..	..	..	..	..	£14,043,648	
Estimated product of a penny rate	..	..	..	..	..	..	..	..	..	£56,576	
Live Births								Male	Female	Total	
Legitimate	..	..	..	..	..	..	..	2,426	2,265	4,691	
Illegitimate	..	..	..	..	..	..	..	200	190	390	
Total live births	..	..	..	..	..	..	..	2,626	2,455	5,081	
									Dorset	England & Wales	
Birth rate per 1,000 population	..	..	..	..	..	..	..	..	15.0		
Birth rate per 1,000 population (as adjusted by comparability factor 1.14)	..	..	..	..	..	..	..	..	17.1	17.2	
Illegitimate live births per 100 total live births	..	..	..	..	..	..	..	..	7.7		
Stillbirths											
Number (Legitimate 83, Illegitimate 11)	..	..	..	..	..	..	..	..	94		
Rate per 1,000 total live and still births	..	..	..	..	..	..	..	..	18.0	14.8	
Total live and still births	..	..	..	..	..	..	..	..	5,175		
Deaths											
Infant deaths (deaths under one year)	..	..	..	..	..	..	..	..	85		
Infant Mortality Rates:-											
Total infant deaths per 1,000 total live births	..	..	..	..	..	..	..	..	16.7	18.3	
Legitimate infant deaths per 1,000 legitimate live births	..	..	..	..	..	..	..	..	16.2		
Illegitimate infant deaths per 1,000 illegitimate live births	..	..	..	..	..	..	..	..	23.1		
Neo-natal mortality rate (deaths under four weeks per 1,000 total live births)	..	..	..	..	..	..	..	..	12.4	12.5	
Early neo-natal mortality rate (deaths under one week per 1,000 total live births)	..	..	..	..	..	..	..	..	10.6	10.8	
Perinatal mortality rate (stillbirths and deaths under one week combined per 1,000 total live and stillbirths)	..	..	..	..	..	..	..	..	28.6	25.4	
Maternal Mortality (including abortion):-											
Number of deaths	..	..	..	..	..	..	..	..	1		
Rate per 1,000 total live and stillbirths	..	..	..	..	..	..	..	..	0.19		
Total deaths (Actual)	..	..	..	..	..	..	..	..	4,149		
Death rate per 1,000 population (Actual)	..	..	..	..	..	..	..	..	12.3		
Death rate per 1,000 population (as adjusted by comparability factor 0.83)	..	..	..	..	..	..	..	..	10.2	11.2	

Birth Rate

The recorded birthrate per thousand population was 15.0 compared with 15.8 the previous year and 16.4 in 1963. After corrections for differences in population structure and the country as a whole the rate is 17.1 compared with the national figure of 17.2.

Stillbirth Rate

The stillbirth rate for 1967 was 18.0 per 1,000 total live and stillbirths compared with 13.3 the previous year and a national figure of 14.8. This was disappointing after the lower rates experienced in the two previous years.

Infant Mortality Rate

The infant mortality rate rose slightly to 16.7 compared with 14.3 the previous year. It was, however, still lower than the national rate of 18.3.

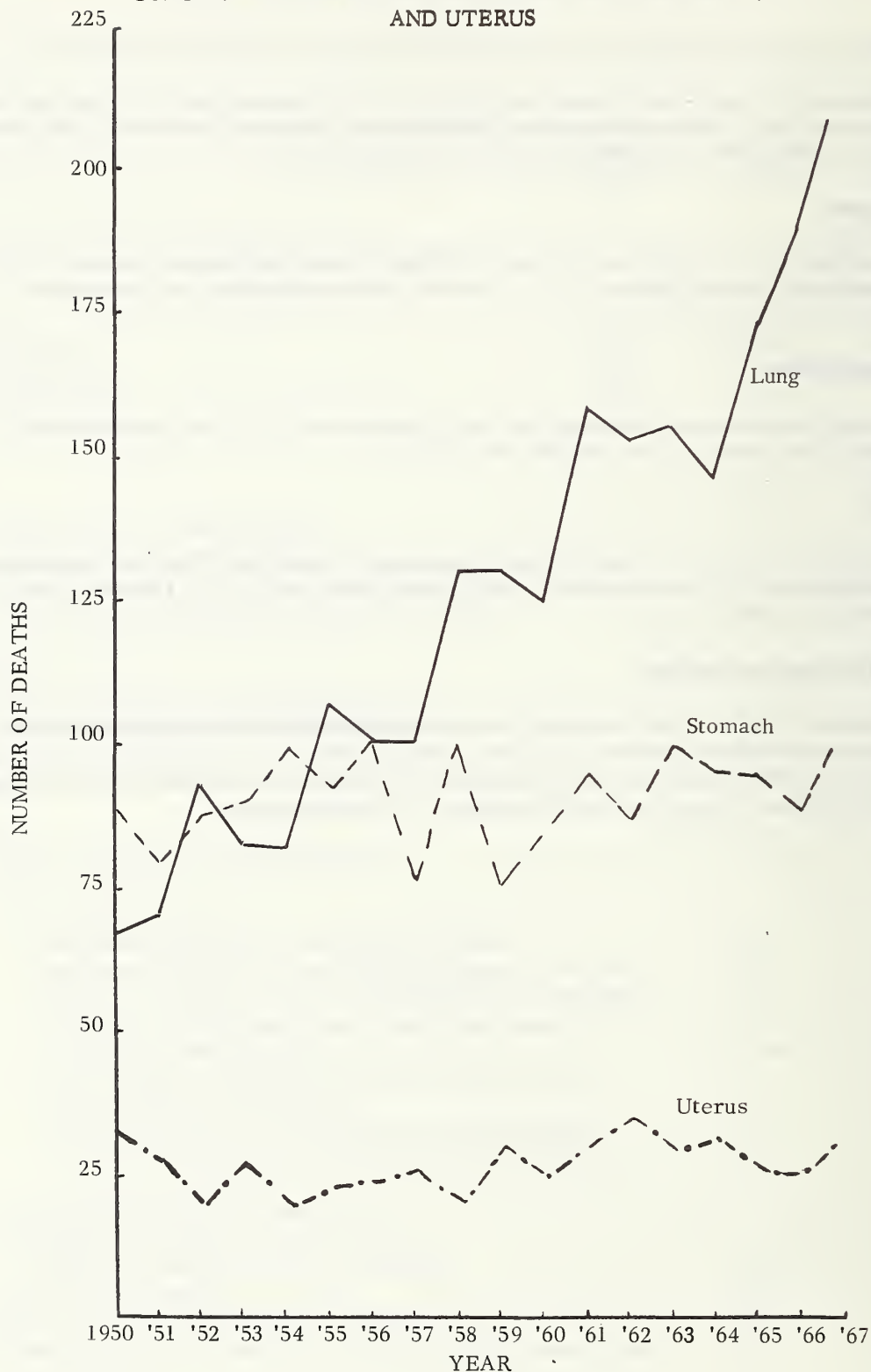
Death Rate

The recorded rate was 12.3 per 1,000 compared with 13.1 in 1966. The rate is higher than the national figure of 11.2 on account of the high proportion of old people in Dorset's population. After correction the rate is 10.2.

Cancer of the Lung and Bronchus

The number of deaths from this largely preventable disease continued its relentless rise reaching the record figure of 208 (170 male and 38 female deaths). In 10 years the number of deaths has more than doubled and is now greater than the total number of deaths from malignant disease of the stomach, breast and uterus combined. (See graph page 6)

COMPARISON OF MORTALITY FROM CANCER OF LUNG, STOMACH AND UTERUS



INFECTIOUS DISEASE

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Diphtheria:-										
No. of cases notified	-	1	1	-	-	-	-	-	-	-
No. of deaths	-	-	-	-	-	-	-	-	-	-
Scarlet Fever:-										
No. of cases notified	147	227	140	55	53	61	57	106	29	37
No. of deaths	-	-	-	-	-	-	-	-	-	-
Measles:-										
No. of cases notified	2,604	3,350	1,702	5,431	606	5,255	1,595	3,652	1,559	4,469
No. of deaths	-	1	-	1	-	-	-	1	1	1
Whooping Cough:-										
No. of cases notified	262	161	110	238	38	111	156	79	64	236
No. of deaths	-	-	-	-	-	-	-	-	-	-
Typhoid and Para-typhoid Fever:-										
No. of cases notified	-	1	3	-	2	3	2	3	1	-
No. of deaths	-	-	-	-	-	1	-	-	-	-
Food Poisoning:-										
No. of cases notified	210	48	24	45	17	12	7	99	22	44
No. of deaths	-	-	-	-	-	-	-	-	-	-
Dysentery:-										
No. of cases notified	4	112	238	28	8	148	7	23	38	17
No. of deaths	-	-	-	-	-	-	-	-	-	-
Poliomyelitis (including Polioencephalitis):-										
No. of cases notified	8	3	1	-	-	-	1	2	-	-
No. of deaths	-	1	-	-	-	-	-	-	-	-
Meningococcal Infection:-										
No. of cases notified	3	4	1	-	-	1	2	1	2	2
No. of deaths	-	-	2	-	1	-	1	-	-	-

Scarlet Fever

The number of cases notified was thirty-seven, compared with twenty-nine the previous year and 106 in 1965.

Measles

The number of cases notified was 4,469 compared with 1,559 the previous year. The great majority were in the first half of the year and were a continuation of the outbreak which commenced at the end of 1966. There was one death.

Whooping Cough

There were 236 cases notified, the highest number since 238 were notified in 1961. In 1966, sixty-four cases were recorded.

Diphtheria

For the seventh successive year no cases were notified.

Poliomyelitis

No cases were notified. Since 1960 only three cases have been recorded.

Typhoid and Paratyphoid Fever

No cases were notified

Bacillary Dysentery

Seventeen cases were notified during the year, twelve of them being in the Borough of Poole. The previous year thirty-eight cases were notified.

Food Poisoning

Forty-four cases were notified compared with twenty-two in the previous year. Cases occurred in each quarter of the year and were scattered throughout the county. The biggest outbreak involved seventeen cases at a school in Dorchester.

The following organisms were identified:-

	No. of cases
Salmonella typhimurium	5
Clostridium welchii	17
Staphylococcus aureus	1
No organism isolated	21

Tuberculosis

Forty-seven respiratory and twelve non-respiratory cases were notified compared with fifty-two and fifteen respectively in 1966. A comparison with the figures for 10 and 20 years ago is given below:-

Year	Respiratory		Non-Respiratory	
	Notifications	Deaths	Notifications	Deaths
1947	216	91	54	23
1957	148	24	18	5
1967	47	11	12	-

PUBLIC HEALTH LABORATORY SERVICE

The service provided by the Medical Research Council is closely linked with the prevention of illness and the detection of infectious disease. The routine laboratory work of this service is mainly concerned with the bacteriological examination of specimens from general practitioners, infectious diseases hospitals and local authorities and all specimens from local or food authorities. The laboratories of the service normally do not undertake work which is rightly the province of the hospital or clinical pathologist. The closest co-operation exists between the laboratory service and medical officers of health, especially with regard to epidemiological problems which arise from time to time.

The work in Dorset is covered by two laboratories, one in Dorchester and one in Boscombe, and we are most grateful for the help and advice readily given by their staffs.

Statistics

Specimens received and examined during 1967

Laboratory	Nose and throat swabs	Sputum	Faeces and Urine	Water	Milk and Cream	Ice Cream	Miscel- laneous	Totals
Dorchester	268	20	1,625	3,359	6,387	589	2,764	15,012
Boscombe	450	43	1,333	843	353	105	3,717	6,844
Totals	718	63	2,958	4,202	6,740	694	6,481	21,856

NATIONAL HEALTH SERVICE ACT, 1946

CARE OF MOTHERS AND YOUNG CHILDREN (SECTION 22)

Ante-Natal Clinics

Midwives ante-natal clinics continue to function in the Borough of Poole only and this year the drop in attendances has accelerated considerably.

Number of women in attendance

Number of Sessions held by

	For ante-natal examination	For post-natal examination	Medical Officers	Midwives	G.P.'s on a sessional basis	Hospital medical staff	Total number of sessions
1965	412	-	-	300	-	-	300
1966	317	-	-	279	-	-	279
1967	128	-	-	186	-	-	186

Mothercraft and Relaxation Classes

These classes were continued throughout the county but this year in response to demand two health visitors from the Dorchester area were sent to London to be trained in the psychoprophylaxis type of relaxation as taught by Mrs. Irma Wright. At the same time two sisters from the Dorchester and Weymouth hospitals were trained so that the midwives delivering the patients would be aware of the training. The clinics held in Dorchester were transferred from the health clinic at County Hall to the hospital ante-natal clinic, our health visitors continuing to participate in these sessions. In the rest of the county, the method of relaxation remained the same, although it is hoped to change over to the new method in other areas later. The downward trend was arrested for the first time this year with 717 mothers attending (666 last year). (See graph page 11)

Child Health Clinics

Our policy in the child health clinics as in the previous years, is to encourage the routine examination of healthy babies with particular reference to the baby's development, in order to pick up defects early and refer babies for treatment.

The mobile clinic sessions were continued with the addition of an extra morning session at Thornford before the afternoon session at Bradford Abbas each month. This helps to ease the load on the afternoon session and also is appreciated by the Thornford mothers.

This year for the first time for some years, there was a slight increase in the number of attendances in spite of a further drop in the number of sessions held. In addition to county clinics the health visitors in some areas are helping at well baby clinics run by the general practitioners.

Number of children who attended during the year

No. of sessions held by

	Born in year of report	Born in previous year	Other Pre-School Children	Total	M.O.	H.V.	G.P.	Hosp.	Total No. of sessions
1965	3,341	3,531	4,097	10,969	1,128	757	59	-	1,944
1966	3,414	3,259	3,645	10,318	1,140	708	15	-	1,863
1967	3,263	3,260	4,055	10,578	1,045	764	21	-	1,830

GRAPH SHOWING NUMBER OF WOMEN ATTENDING
MOTHERCRAFT CLASSES (1958-1967)



The Care of Handicapped Babies

The assessment clinic for handicapped babies run by Dr. Vulliamy and Dr. Townsend has been held throughout the year. This clinic continues to be appreciated by mothers and health visitors as there is time to discuss the special problems of each individual child. During the year, twenty-four sessions were held and twenty-one new cases were seen.

	No. of sessions	No. of children seen	New cases seen
1965	19	66	14
1966	23	92	27
1967	24	98	21

Developmental tests on pre-school children were carried out, both on children attending the clinic and other children referred by the health visitors. In addition eleven babies for adoption were assessed at the request of the Children's Officer.

Table showing tests done on pre-school children in past three years (routine assessments done by school medical officers are not included).

	New Cases	Repeat tests	Total all Tests
1965	26	18	44
1966	46	20	66
1967	44	23	67

Notification of Congenital Abnormalities apparent at birth

Following the alteration in the birth notification card in 1964 midwives continue to return details of congenital abnormalities and these are included in the returns to the Ministry of Health each month.

Contraception Clinic

The County Council is now holding this clinic in the Poole area only, arrangements having been made for this work to be done in the rest of the County by the Family Planning Association.

The Poole Clinic figures are as follows:-

	No. of sessions	First attendances	Total attendances
1965	73	114	759
1966	83	107	860
1967	86	118	794

Cervical Cytology Clinics

During the year, these clinics were continued in Blandford, Bridport, Dorchester, Gillingham, Sherborne, Swanage, Wareham and Ferndown in the county area, at Wyke Regis and Portland in the South Dorset area and at the Central Clinic in Poole. The demand has noticeably slackened during the year and the number of sessions had been reduced to once monthly in some areas. The demand in the Poole area has increased due to limited facilities in the previous year reducing the number of smears taken. This falling off of demand is a national trend and it is intended to advertise the clinics more widely in the near future.

	County Area		South Dorset Area		Total	
	1966	1967	1966	1967	1966	1967
No. of smears taken	2,777	1,678	996	860	3,773	2,538
No. of patients with invasive carcinoma	8	1	1	2	9	3
No. of patients with carcinoma in situ	5	3	6	7	11	10
No. referred to G.P. for other reasons	234	113	146	138	380	251

Similar statistics are not available for Poole Borough but the number of smears taken in 1966 was 698 and in 1967, 1,111.

Care of Unmarried Mothers

The arrangement with the Salisbury Diocesan Moral Welfare Association for the care of the unmarried mothers continues, although the demand is lessening year by year. This is shown in the table below which gives the total number of illegitimate births in the preceding five years, together with the number of girls going to mother and baby homes.

	No. of illegitimate babies	% illegitimate/ total births	No. of girls going to mother and baby homes
1963	296	5.5	52
1964	322	6.2	47
1965	354	6.7	50
1966	384	7.2	43
1967	390	7.6	42

Distribution of Welfare Foods

We have continued to arrange distribution centres in all areas, as in previous years, with the help of the Womens Royal Voluntary Service. I would like to thank this service and other voluntary welfare workers for their help in this task. The demand for welfare food continues to decline.

	N.D.M.	C.L.O.	A. & D.	Orange Juice
1965	33,201 Tins	3,879 Bottles	4,583 Packets	60,511 Bottles
1966	27,617 "	3,711 "	4,264 "	60,339 "
1967	20,524 "	3,592 "	4,074 "	61,139 "

Day Nursery

The only day nursery in the County is in Poole and has places for fifty children. The average daily attendance shows a fall from forty-nine children in 1966 to forty-six children in the current year. At the end of the year sixty-nine children were on the register, some of them attending part-time.

Dental Care - Priority Classes

Staff

On 31st December, 1967, there were fifteen whole-time officers and two permanent part-time officers on the staff. While this means that the authority is fully staffed within the present

establishment, it must be remembered that owing to the work-load in some areas, a complete service is not possible in all areas throughout the County.

In this connection it is worthy of note that during the year, the O. and M. Officer carried out a detailed study of the Dental Department and recommended that, in order to meet the present requirement a total of twenty-one dentists would be needed. That after a most exhaustive investigation using the latest work study methods, his recommendations should so closely approximate those of the Special Sub-Committee in 1964, can only enhance the value of the findings of both bodies.

Dental Inspections and Treatment

There has been a further reduction in the number of sessions devoted to this work, due largely to the reduced number of mothers seeking treatment. Out of an increased number of children inspected, virtually the same number were found to require treatment, but for these an increased amount of treatment was required which would seem to indicate that additional instruction in dental health education is required. It is to be hoped that during the coming year this may be arranged.

In an attempt to increase the numbers of children inspected a pilot birthday card scheme was introduced into the South Dorset area for a six-monthly period during the year. An attractively designed card, informing parents of the desirability of early treatment and of its availability was sent to 335 children on their third birthday. Out of this number, in spite of the utmost co-operation from the health visitors, only twenty-seven children attended local authority clinics in Weymouth and Portland. Although it is possible that some children did attend practitioners in the general dental services, it was felt that this scheme had been a failure and accordingly it is not being continued at present.

The increased numbers of children inspected is due, in large measure, to increased efforts by the dental officers in Wimborne and Wareham areas, who have been able to attend clinics at the same time as welfare centres are being held. Although the number of dental health education sessions are shown as being very low, it must be remembered that on every occasion a pre-school child attends for inspection or treatment there is always an opportunity of emphasising to the parent the importance of teaching oral hygiene.

Dental Treatment - Statistics

	<u>Mothers</u>	<u>Children</u>
First visits	163 (177)	631 (652)
Subsequent visits	325 (468)	809 (710)
Total visits	488 (645)	1,440 (1,362)
Additional courses of treatment commenced	13 (25)	46 (48)
Fillings	293 (408)	1,122 (1,026)
Teeth filled	262 (363)	1,036 (924)
Teeth extracted	211 (260)	458 (472)
Administrations of general anaesthesia	25 (30)	190 (192)
Emergencies	25 (35)	145 (132)
Patients X-Rayed	24 (18)	8 (14)
Prophylaxes	91 (107)	116 (54)

	<u>Mothers</u>	<u>Children</u>
Teeth otherwise conserved		345 (296)
Teeth root filled	4 (4)	
Inlays	- (-)	
Crowns	1 (4)	
Courses of treatment completed	151 (190)	565 (583)
Patients supplied with full dentures	13 (6)	
Patients supplied with other dentures	22 (25)	
Number of dentures supplied	41 (41)	
General anaesthetics administered by dental officers		5 (10)
Number of patients inspected for the first time	170 (208)	1,161 (900)
Number of patients who required treatment	164 (190)	675 (665)
Number of patients who were offered treatment	164 (185)	666 (663)
Number of sessions:-		
	Treatment	312 (383)
	Dental Health Education	7.0 (6 $\frac{1}{2}$)

(Figures for 1966 are shown in brackets)

MIDWIFERY (SECTION 23)

Hospital deliveries continue to increase with a proportionate decline in domiciliary births. However, the services of the district midwife are necessary for early maternity hospital discharge. There are many instances where a mother is sent home early because of hospital bed shortage, not because the mother prefers it.

During the year 861 domiciliary births were attended by County Council midwives. Early hospital discharges totalled 1,618.

Part II trainees numbered nineteen in 1967 and because there is increasing difficulty in obtaining sufficient cases for pupils, permission is being sought from the Central Midwives Board for an experienced midwife to become a teaching midwife. In this way she will be able to help in providing the pupil with some of her cases and aid her tuition.

Loss of life associated with childbirth

Maternal deaths

There was a maternal death in the course of the year. This was a patient who died from a ruptured ectopic pregnancy before she was aware that she was pregnant.

Neonatal deaths

There was a slight increase of neonatal deaths from thirty-eight in 1966 to forty-two this year. Again prematurity heads the list followed this year by atelectasis. More babies died of birth injury but there was no death directly attributable to Rhesus sensitisation.

Table showing causes of neonatal deaths.

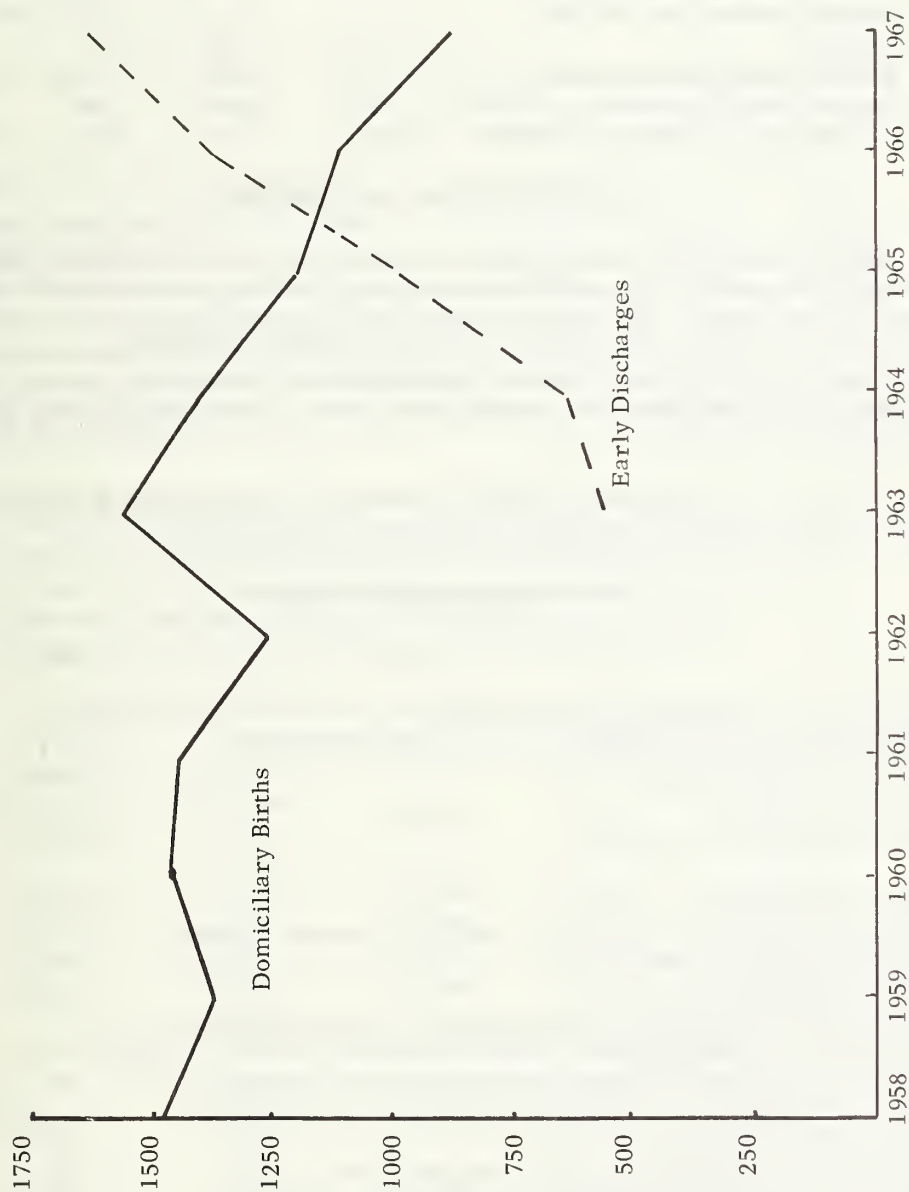
Cause of death	No.	% of total	% in 1966	% in 1965
Prematurity	11	26.2%	36.9%	48.1%
Atelectasis	9	21.4%	18.4%	13.0%
Congenital defects	8	19.0%	18.4%	14.8%
Neonatal asphyxia	6	14.3%	10.6%	7.4%
Birth injury	4	9.5%	2.6%	3.7%
Respiratory infection	2	4.8%	2.6%	5.6%
Rhesus factor	-	-	2.6%	-
Other	2	4.8%	7.9%	7.4%
TOTAL DEATHS	42	100	100 (38 deaths)	100 (54 deaths)

Premature Infants

Prematurity continues to be a major cause of stillbirths and neonatal deaths, and this year the percentage of premature births (325) to total live and stillbirths (5,175) was 6.3, compared with 5.7 in 1966.

The percentage of premature infants surviving to the 28th day was 88.5 in 1967, compared with 82.9 in 1966.

DOMICILIARY BIRTHS AND EARLY DISCHARGES 1958 - 1967



Premature Infants	1964	1965	1966	1967
Total births (live and still)	5,287	5,278	5,324	5,175
Total premature infants	335	340	305	325
% premature/total births	6.3%	6.4%	5.7%	6.3%
Premature stillbirths	54	43	28	56
% stillbirths/premature births	16.1%	12.6%	9.2%	17.2%
Premature infants dying in first				
28 days	28	35	24	31
% infants dying/premature births	8.4%	10.3%	7.9%	9.5%
Premature infants surviving to 28th day	253	262	253	238
% surviving/total premature births	75.5%	77.1%	82.9%	73.2%

HEALTH VISITING (SECTION 24)

The routine visiting by all health visitors on babies from 0 to 5 continues. Hearing tests and phenylketonuria tests are carried out in infancy and deaf tests and vision testing are undertaken at school entry. The health visitors also visit people aged 65 years and over. Often these visits take up much time but many of the ancillary services are called in as a result of these necessary and timely visits. General practitioners too, more fully realising the value of health visitor liaison and attachment have made use of the health visitors' skills in this particular section of the community.

Part-time staff are of great value to the health visitors, particularly in the east of the county where case loads are heavy due to the increasing population.

Cases visited by Health Visitors

	1966	1967
Children born in year of report	5,205	5,269
Children born in preceding year	5,771	6,250
Other pre-school children	10,754	12,703
 Total Children 0 - 5 years	 21,730	 24,222
 Persons aged 65 or over	 3,414	 3,651
Number of these who were visited at the special request of general practitioner or hospital	1,066	1,068
Mentally disordered persons	22	34
Number of these who were visited at the special request of general practitioner or hospital	13	18
Persons discharged from hospital (other than mental hospital)	461	566
Number of these who were visited at special request of general practitioner or hospital	224	244
Number of T.B. households visited by district health visitors	117	99
Number of T.B. households visited by T.B. Health Visitors	436	167
Number of households visited on account of other infections	17	17

HOME NURSING (SECTION 25)

The increase in nursing care to elderly people continues. Many of these cases would qualify for admission to hospital, or institutional care if the home nursing service did not exist. However, these very cases often act as a deterrent to younger nurses who, having recently qualified, prefer to use their skills for more acute work. Thus recruitment of staff is becoming more difficult, particularly since home deliveries are decreasing, and most of the rural staff are nurse/midwives.

During the year 7,467 cases were nursed of whom 70.1% were over 65 years of age.

	1965	1966	1967
Total number nursed during year	6,877	7,272	7,467
Number under 5 at first visit in year	308	293	285
Number over 65	4,412	4,578	5,134
% over 65 years	64.2%	62.9%	70.1%

IMMUNISATION AND VACCINATION (SECTION 26)

The recommended programme of prophylactic procedures remains the same as for the past few years and is as follows:-

Triple antigen is given at three, four and five months of age
 A booster of triple antigen is given at about seventeen months
 A booster of diphtheria tetanus antigen is given at about five years
 Oral poliomyelitis vaccine is given at six, seven and eight months of age
 A booster of polio vaccine is given in the first term at school
 Smallpox vaccination is given during the second year of life

Number of children who completed primary courses of immunisation and polio vaccination

	Diphtheria	Whooping cough	Tetanus	Polio (oral)	Polio (Inject.)	Total Polio
1964	4,653	3,940	6,066	5,838	208	6,287
1965	4,600	4,358	5,409	4,759	164	4,923
1966	4,579	4,354	5,200	4,780	111	4,891
1967	4,467	4,238	4,844	4,877	10	4,887

Number of children receiving secondary (booster) doses

	Diphtheria	Whooping cough	Tetanus	Polio (oral)	Polio (Inject.)	Total Polio
1964	5,570	2,054	5,425	4,774	27	4,801
1965	6,976	2,404	6,547	4,099	104	4,203
1966	8,118	2,726	7,994	4,780	81	4,861
1967	7,552	3,179	8,789	5,597	12	5,609

Number of children receiving smallpox vaccination

	Primary Vaccination			Re-vaccination
	0 - 1 year	1 - 4 years	Total of all ages	All ages
1964	393	2,189	2,842	990
1965	414	2,585	3,057	175*
1966	282	2,740	3,118	367
1967	201	2,648	3,031	502

*Decrease due to the fact that as from 1st January, 1965 record cards were required only for persons under sixteen years of age.

AMBULANCE SERVICE (SECTION 27)

Organisation and Control of the Service

The Ambulance Service has been reviewed by the County Council's Organisation and Methods Unit during the year. No fundamental changes have been made. The service continues to be centrally controlled by staff at Dorchester by day, with local sub-controls at Poole and Weymouth, and by the Fire Service at night.

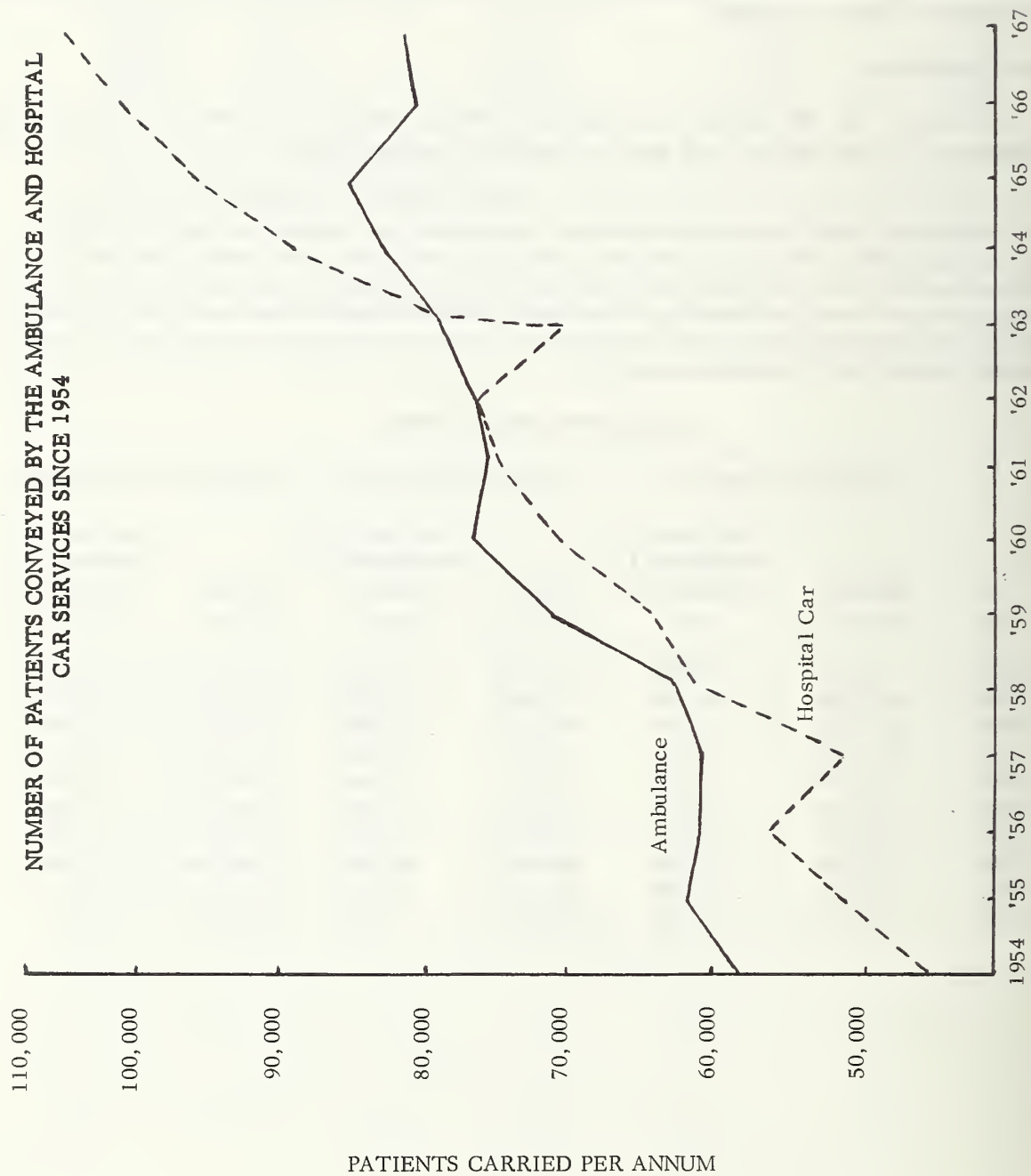
Use of the Service

During 1967, 185,092 patients were conveyed by road, a total of 1,561,851 miles, representing increases of 3.25 per cent and 2.40 per cent respectively compared with 1966.

In addition, 161 patients were conveyed by rail (242 in 1966), a total of 34,111 rail miles (41,071 miles in 1966). Air transport was also provided for six patients (one patient in 1966). The additional number of patients conveyed to and from out-patient departments is the main factor accounting for the increased use of the service. The County Council are making alternative arrangements to convey the mentally sub-normal to and from training centres and in future the hospital car service will only convey persons living in the remoter parts of the County. This will ease the pressure on the ambulance service.

Comparative Mileage Table

Year	Ambulance Service			Hospital Car Service			Both Services Combined		
	Mileage for year	Increase (+) or decrease (-) on previous year		Mileage for year	Increase (+) or decrease (-) on previous year		Mileage for year	Increase (+) or decrease (-) on previous year	
1958	461,046	+	12,268	577,098	+	94,604	1,038,144	+	106,872
1959	487,746	+	26,700	612,880	+	35,782	1,100,626	+	62,482
1960	487,922	+	176	640,262	+	27,382	1,128,184	+	27,558
1961	527,136	+	39,214	714,147	+	73,885	1,241,283	+	113,099
1962	518,983	-	8,153	740,794	+	26,647	1,259,777	+	18,494
1963	512,242	-	6,741	737,551	-	3,243	1,249,793	-	9,984
1964	524,387	+	12,145	853,634	+	116,083	1,378,021	+	128,228
1965	551,616	+	27,229	934,140	+	80,506	1,485,756	+	107,735
1966	526,810	-	24,806	998,463	+	64,323	1,525,273	+	39,517
1967	556,347	+	29,537	1,005,504	+	7,041	1,561,851	+	36,578



Efficiency Table

Year	Ambulance Service		Hospital Car Service	
	Average mileage per patient	Average number of patients per journey	Average mileage per patient	Average number of patients per journey
1958	9.18	2.32	9.70	3.02
1959	8.35	2.66	9.77	3.02
1960	7.65	2.81	9.30	3.18
1961	8.37	2.63	9.82	3.24
1962	8.37	2.59	10.16	3.14
1963	8.28	2.62	10.02	3.10
1964	8.32	2.60	9.71	3.14
1965	8.40	2.64	9.89	3.25
1966	8.42	2.59	10.14	3.16
1967	8.71	2.65	9.65	3.28

Staff

The training of ambulance personnel has been one of the dominant staffing matters considered during the year. In October, a new recruit to the service attended the Ministry of Health's first experimental course, held at Hampshire's training school. The systematic training of such recruits should do much to fit them for their important service to the community. The County Council have adopted a policy providing for residential training of new recruits and limited local training for all staff is also to be re-introduced.

The diminishing availability of voluntary assistance for the manning of ambulances at the smaller stations in the rural areas of the County has given cause for concern. One additional full-time appointment has been made during the year to replace such loss at one station and, undoubtedly, others will have to be made in future.

The staff establishment at 31st December, 1967, was as follows:-

County Ambulance Officer	1
Clerical and Control Staff	6
Supervisor, Deputy Supervisor and head drivers	14
Full-time driver/attendants	44
Part-time and voluntary (to equivalent full-time)	14
	—
	79
	—

Vehicles

Three replacement vehicles were purchased during the year and much thought has been given to the Vehicle Specifications. These have been re-written incorporating many of the recommendations made in the Working Party's second report. Present-day ambulances, however, are built on lorry chassis and only minor modifications to the suspension, etc. are possible. If patients are to be given a more comfortable ride, then much research and consideration will have to be given at National level to the basic design of ambulance chassis. In this connection it is to

be hoped that an Ambulance Advisory Council (as recommended in the Millar Report) will be set up as soon as possible in order to carry out this research.

The establishment of vehicles as at 31st December, 1967, was as follows:-

Ambulances	22
Dual purpose vehicles	13
Buses	3
	—
	38
	—

Stations

The new station at Lyme Regis came into use in April but plans to build a replacement Station at Blandford during 1968 were deferred to 1969 because of the economic situation. Replacement stations are also urgently required at Wareham and Shaftesbury.

Ambulance Service Reserve

In September the Ambulance and First Aid Section of the Civil Defence Corps was disbanded and plans were made for the formation of an Ambulance Reserve to augment the peacetime services in time of war. This reserve, like the reformed civil defence corps, has now been placed on a "care and maintenance" basis.

PREVENTION OF ILLNESS, CARE AND AFTER-CARE (SECTION 28)

The County Council continued to utilise the valuable services of the Dorset Branch of the British Red Cross Society in meeting the requirements of persons whose needs were attributable to illness. Where necessary care and after-care services were provided for patients discharged from hospital and homebound invalids including the aged and chronic sick.

Social welfare officers co-operated with the hospitals and other services to assess the needs of persons due for discharge and arrangements were made for the provision of medical equipment or nursing aids if required.

During the year arrangements were made for the admission of patients to holiday homes for a period of rest and recuperation and charges in these cases were assessed in relation to the patient's needs.

Tuberculosis

In accordance with the Public Health (Tuberculosis) Regulations, 1952, a central register is maintained at the county health department. Close co-operation is maintained between the district medical officers, health visitors and chest physicians, appropriate supervision being arranged for each case.

Grants for free milk are issued to necessitous cases by the county health department but this service has contracted in recent years as few new patients are off work long enough to need it, although it remains a help to the long-term case.

B.C.G. Vaccination of Schoolchildren

All children starting school are given a tuberculin skin test and the families of any children with positive reactions are investigated in an effort to determine the source of infection. During the year, of the 4,627 tested, only forty-nine (excluding those given B.C.G. in infancy) were positive reactors, a rate of 1.1%.

A total of 4,358 thirteen year old children were also Heaf tested and 10.9% were found to be positive reactors compared with 12% in the previous year and 10% in 1965. The positive reactors were x-rayed but no active lesions were found. A total of 3,488 negative reactors were given protection by means of B.C.G. vaccination.

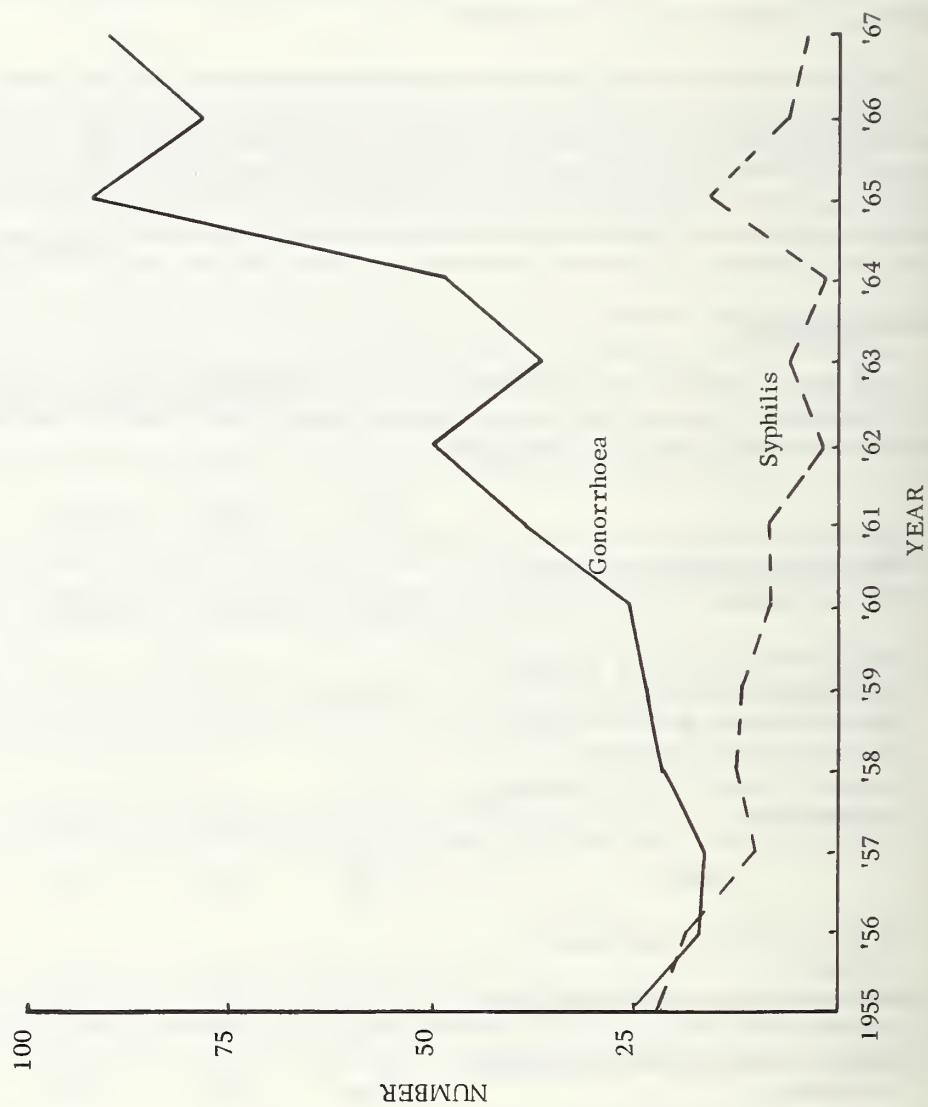
The great majority of the positive reactions recorded are of the mild type classified as grade one reactions and it is now thought by many authorities that they are more likely to indicate non-specific sensitivity to the test material rather than tuberculous infection. For this reason the number of children showing second, third and fourth degree positive reactions to the Heaf test might be expected to provide a more accurate indication of the amount of tuberculous infection in the community than if children with mild or dubious reactions were included. In the whole county, 171 children (3.7%) in their thirteenth year had positive reactions of grade two or over.

Mass Radiography

As in previous years mass radiography has been undertaken by two 100 mm. units of the Mass Radiography Centre of the Wessex Regional Hospital Board and I am indebted to the medical director for details of their work in Dorset.

	1964	1965	1966	1967
Total number of cases examined by the two units	31,255	31,893	28,693	24,166
Number of cases of T.B. referred for hospital treatment	10	8	7	9
Number of cases of T.B. referred for domiciliary treatment	5	6	3	-
Number of cases of T.B. requiring supervision	23	25	22	35
Totals	38	39	32	44
Number of cases of carcinoma of lung	29	27	36	34
Number of cases of cardiovascular lesion	54	58	47	58
Number of cases of non-tuberculous conditions	147	120	116	126
Number of cases not yet classified	14	-	3	-

INCIDENCE OF SYPHILIS AND GONORRHOEA



The table which follows classifies the findings according to age and sex.

Age analysis of those examined by both units

	Under 14	14	15-19	20-24	25-34	35-44	45-54	55-59	60-64	65+	Total
Males											
Examined	342	199	1,839	1,739	2,322	2,317	1,938	844	818	1,069	13,427
Active cases	-	-	-	-	1	1	2	-	-	1	5
Rate per 1,000	-	-	-	-	0.43	0.43	1.03	-	-	0.93	0.37
Females											
Examined	303	143	1,092	1,070	1,613	2,055	1,886	835	663	1,079	10,739
Active cases	-	-	1	1	-	-	1	-	-	1	4
Rate per 1,000	-	-	0.91	0.93	-	-	0.53	-	-	0.92	0.37

Venereal Disease

The Dorset patients dealt with for the first time at treatment centres in 1967 are classified in the following table. The figures in brackets relate to the previous year. (See graph page 26)

Treatment Centre	Syphilis	Gonorrhoea	Other Conditions	Totals
Bournemouth	- (1)	17 (19)	29 (46)	46 (66)
Dorchester	2 (-)	6 (2)	40 (13)	48 (15)
Poole	1 (2)	44 (36)	222 (158)	267 (196)
Salisbury	- (-)	- (9)	3 (55)	3 (64)
Yeovil	(-)	(1)	2 (5)	2 (6)
Weymouth	1 (3)	20 (10)	66 (97)	87 (110)
Southampton	- (-)	1 (1)	15 (13)	16 (14)
Winchester	-	2	7	9
	4 (6)	90 (78)	384 (387)	478 (471)

HEALTH EDUCATION

During the year there was a decrease in the amount of formal health education, but this was entirely in dental health due to the resignation of the dental hygienist and in fact there was a slight increase in the number of talks and films in general health education. This is partly due to the increasing number of schools in which health visitors are teaching mothercraft to the older children. The scope of formal health education cannot be increased greatly until an improvement in the financial situation allows the employment of a full time health education officer.

Meanwhile, the main teaching on health takes place in the day-to-day work of nursing and medical staff in the homes, schools and clinics.

	Number of Talks and/or Films		Total Audience	
	1966	1967	1966	1967
Health Service	12	-	-	152
Dental hygiene	493	386	17,200	12,899
Child Care and Mothercraft	73	101	1,507	1,428
Home Nursing	-	5	-	48
Care of the Elderly	33	35	1,024	1,148
Smoking	14	12	2,000	1,978
Personal Hygiene	3	18	170	220
First Aid	13	10	311	201
Food Hygiene	4	5	188	65
Mentally & Physically handicapped	4	14	270	575
Home Safety	5	14	128	168
Deaf & Hard of Hearing	-	2	-	150
Family Planning	-	5	-	96
Medical (Specialist Audience)	-	4	-	120
Totals	654	611	22,950	19,096
Materials Used	1966	1967		
Leaflets	28,390	27,926		
Booklets	12,375	13,589		
Posters	1,815	850		

CHIROPODY

This service other than in the Weymouth area continued to be provided on the Council's behalf by the Dorset Branch of the British Red Cross Society at the Council's clinics and other premises throughout the County. The grant to the Society was appropriately increased to take account of rising costs and greater demand.

The Society has continued to organise the arrangements most efficiently and the Council is deeply indebted to the voluntary workers who devote so much time to the work.

At the end of the year the service being provided through the agency of the British Red Cross Society had twenty-five centres in the County. Patients are seen by appointment and a nominal charge of 2s.6d. is made towards costs of the Chiropodist's fees, dressings, etc. Transport is arranged when necessary and priority is given to the elderly and physically handicapped persons and expectant mothers. An average of 587 three-hourly sessions were held at the centres during a quarter, and there were 3,947 patients on the register at the end of the year compared with 3,129 at the end of 1966. Thirty-four persons were on the waiting list for treatment.

In the Weymouth area where part-time Chiropodists are directly employed by the County Council a total of 3,078 attendances were made at 301 sessions during the year. There were 788 patients on the register at the end of the year compared with 528 at the end of 1966.

HOME HELP SERVICE (SECTION 29)

The number of cases assisted in 1967 was 2,499 compared with 2,293 in 1966.

The service continues to be provided in all areas of the County and to expand to the limit of the financial resources available. The greatest increase of cases during the year was in the group of people aged 65 years and over.

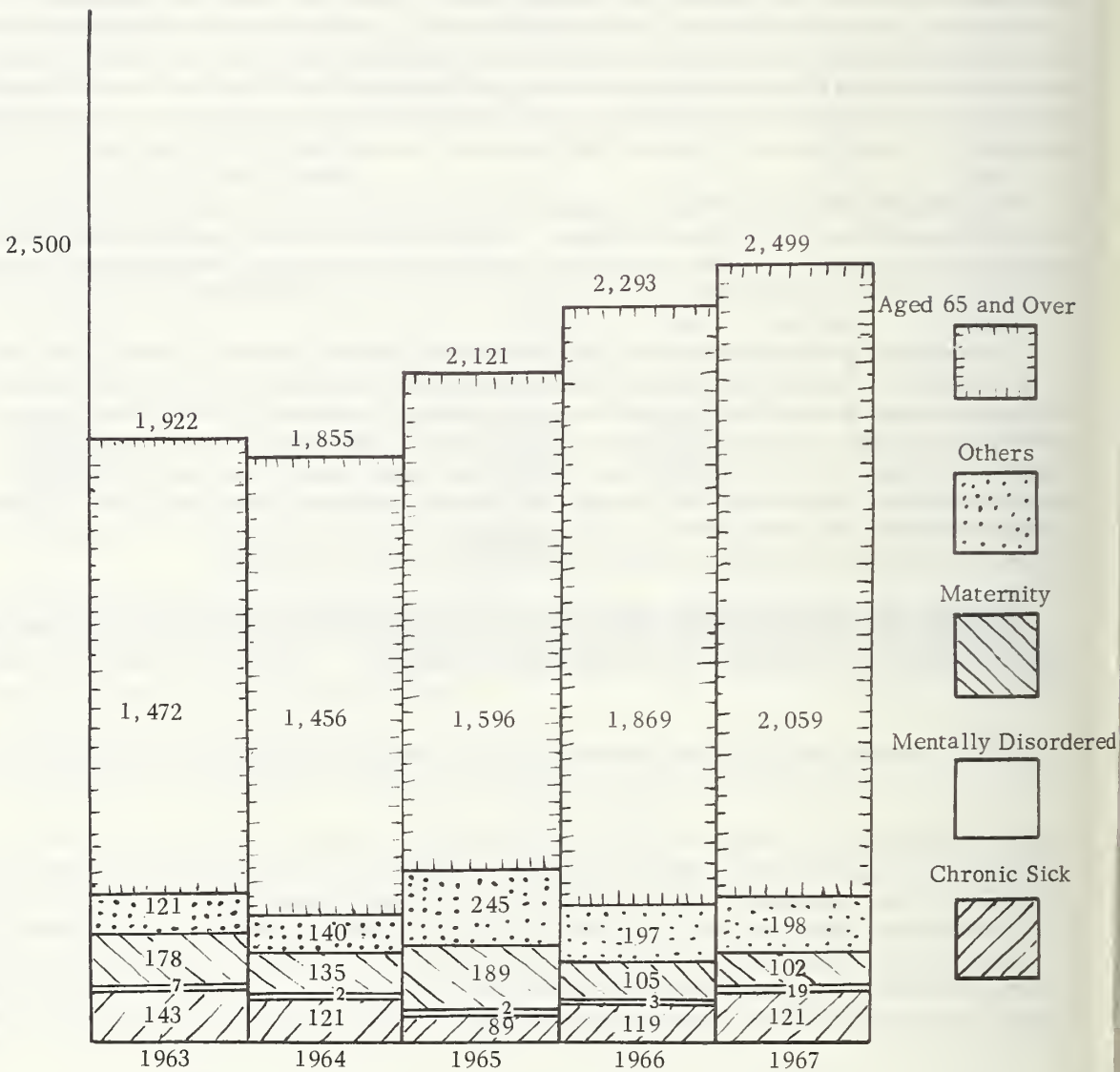
The County Organiser is based at County Hall and is responsible for the supervision of the Area Organisers. There are three full-time area organisers who work from clinics at Ferndown, Sturminster Newton and Weymouth, and during the year a part-time area organiser was appointed for the West Dorset area making a total of three part-time area organisers working from clinics at Blandford, Bridport and Swanage. Some re-adjustment of areas took place, the Shaftesbury area being transferred to the Sturminster Newton Area Organiser, and the Cranborne Rural District was transferred to the Blandford Area Organiser thus relieving pressure on the Ferndown Area Organiser. The Borough of Poole has delegated responsibility in respect of the service and a further Area Organiser is employed for this purpose.

Recruitment of helps continues to be good and now allows for some selection although occasional shortages arise in coastal areas. The standard of work is generally satisfactory and although a younger age group is now being enrolled a number of the staff have been in the service a long time and with their added experience are very helpful in difficult cases.

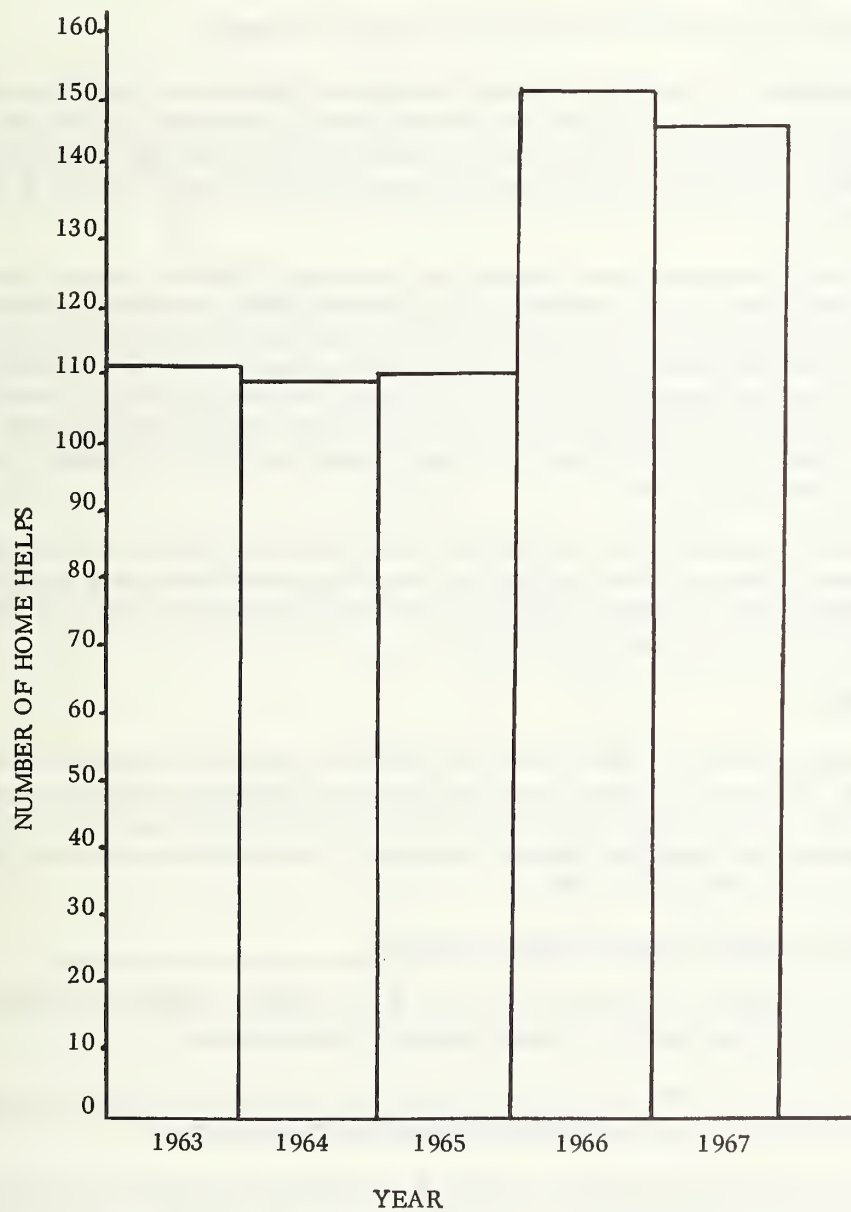
The increase in hours worked was largely due to the greater number of people of 80 years of age and over. General Practitioners requested help for more cases to allow relatives to take much needed holidays and the service was increasingly requested where private help had temporarily ceased. Increasing infirmity combined with living alone and unwillingness to enter a residential home all tend to make weekend help more needed, and during the winter especially several visits a day may be required for the provision of meals and fires. Sometimes a close neighbour can be recruited for some of these frequent visits and all area organisers are very conscious of the need to keep travelling costs as low as possible.

Resident home helps and night-sitters-up are not easy to find but on occasions the service has been able to provide them. (See graphs pages 30 and 31)

CASES DEALT WITH IN YEAR



HOME HELPS (FULL-TIME EQUIVALENT) EMPLOYED



MENTAL HEALTH

(MENTAL HEALTH ACT, 1959)

The County Council through the Mental Health Sub-Committee provides services under the following headings for all types of mentally disordered persons who do not require hospital treatment:

Residential Accommodation

The following are people who may need care in homes or hostels:-

(i) Subnormal or maladjusted persons needing care and guidance which they cannot have in their own homes: such care may be temporary or permanent, and on 31st December, 1967, thirteen women and children were in residence at Wyvern House, eighteen young men at St. Aubyn's, in Weymouth, thirty-six in privately run homes and forty-one in Part III accommodation.

(ii) Patients discharged from hospital after treatment for mental illness, who need support to help them re-enter community life. Penrhyn Hostel caters for men and women, and during the year ten men and eleven women had been admitted and twenty-one were discharged. Of the admissions, eight came straight from their own homes, twelve from hospital and one was transferred from another hostel. Of those leaving the hostel, seventeen went home, three returned to hospital, and one was transferred to another hostel. On 31st December, eight persons suffering from mental illness were living at Penrhyn, and seven were in privately-run homes.

(iii) Elderly mentally infirm persons who do not need the resources of a hospital but whose confused behaviour is too difficult for care in their own homes or in an Old People's Home. Bourne House, a purpose built home now being constructed in Poole, will be ready to take thirty-six such people early in 1968.

Training Centres

Junior Training Centres for children who are unable to benefit from education in ordinary or special schools. The Junior Training Centre at Flood Lane, Bridport, purpose-built for sixty subnormal children, was opened in September and staff and children immediately felt the benefit of properly designed and adequately spacious premises. The new training centre at Gravel Hill, Poole will be ready for use early in 1968.

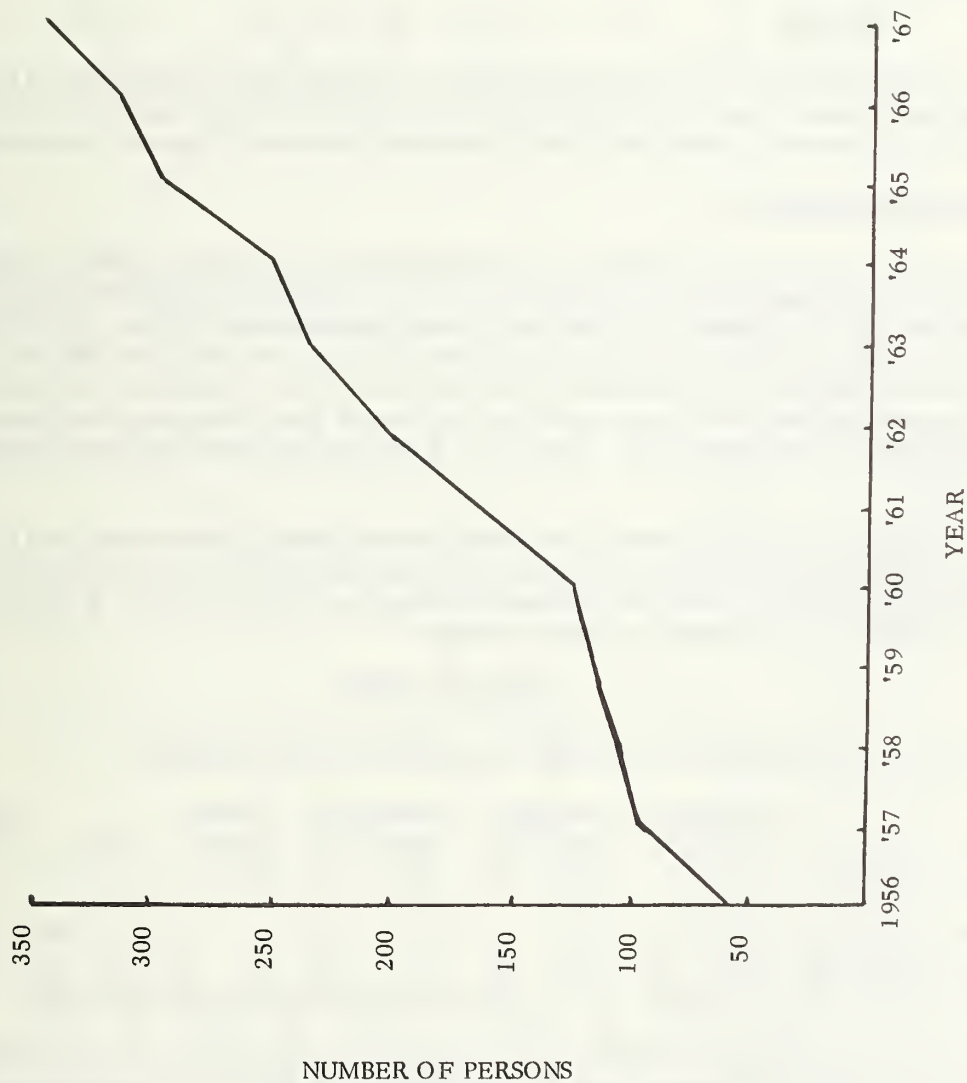
Adult Training Centres for three groups of people:-

(a) those who need a considerable amount of supervision in order to perform the simplest tasks and who have very limited powers of concentration;

(b) those who can work well on simple industrial tasks, but who cannot be trained to the point where they can get employment outside the Training Centre;

(c) those who need sympathetic training in the routines of outside employment and who then may get work beyond the shelter of the training centre. The prospects of obtaining employment in the community for this small group are often very poor because of local circumstances and the lack of suitable jobs.

NUMBER OF PERSONS AT TRAINING CENTRES 1956 - 1967



The numbers of persons attending the training centres at the end of the year were as follows:-

Training Centre	Under 16		Over 16		Total 1967	(1966)
	M.	F.	M.	F.		
Bridport Adult			14	11	54	(47)
Bridport Junior	17	10				
Poole	31	22	41	39	133	(119)
Weymouth Adult			35	30	125	(112)
Weymouth Junior	37	23				
Sturminster Newton	11	1	13	8	33	(35)
TOTALS	96	56	103	88	345	(313)

In some adult centres it has not been possible to integrate a full programme of further education and social training with the industrial activities because of insufficient staff to carry it out but it is intended to extend such vitally important instruction as soon as circumstances allow.

Mental Welfare Officers

Last year's report drew attention to the heavy and increasing burden being carried by these officers. Following the detailed review of the service carried out during 1966 and 1967 the establishment was increased to provide for a Senior Administrative Officer, who is also Field Work Superintendent, three senior district welfare officers, ten district welfare officers and four welfare assistants. The officers in the county area are all responsible for both old people's welfare services and mental health services, but those in East Dorset are also responsible for general welfare services in Poole. There are, in addition, three full-time mental health officers in Poole.

During the year some aspects of the administrative control were decentralised to the district welfare officers. Due to this reorganisation it has not been possible to make a direct comparison with the previous year's work, but the statistics which are available show a striking increase in the number of visits made by the welfare officers.

MENTAL ILLNESS

The following table shows the number of patients admitted to hospital:-

Year	Informal		Observation (Sect. 25)		Treatment (Sect. 26)		Emergency (Sect. 29)		Court Orders		Total		Grand Total
	M	F	M	F	M	F	M	F	M	F	M	F	
1965	189	390	25	68	24	37	18	30	3	1	259	526	785
1966	219	304	29	57	16	29	17	14	2	0	283	404	687
1967	171	325	39	84	8	13	13	17	4	1	235	440	675

Of the 675 admissions, 179 were under compulsion compared with 164 the previous year, i.e. 26.5% of the total compared with 23.9% in 1966 and 69.6% in 1953. (See graph page 35)

The number of patients admitted who were known to have received in-patient treatment for mental illness on previous occasions was 263 this being 38.9% of the total compared with 42.2% in 1966 and 46.4% in 1964.

NUMBER OF ADMISSIONS TO HOSPITALS FOR MENTAL ILLNESS



Apart from patients in the Lyme Regis area (who are admitted to the Digby Wonford Hospital at Exeter), Herrison and St. Ann's Hospitals accept most of the mentally ill.

MENTAL SUBNORMALITY

Of the 1,185 mentally subnormal persons on the register at the end of the year, 476 were in hospital and 709 were being supervised in the community which shows the extent of the County Council's responsibility for this class of person.

The latter were classified as follows:-

Subnormal				Severely Subnormal				Total			
Under 16		Over 16		Under 16		Over 16		Under 16		Over 16	
M	F	M	F	M	F	M	F	M	F	M	F
27	14	111	102	91	57	128	177	118	73	239	279

Seventy-two new cases were referred and ascertained as follows:

19	4	5	7	15	17	3	2	34	21	8	9
----	---	---	---	----	----	---	---	----	----	---	---

Fourteen long stay subnormal patients were admitted to hospital during the year compared with thirteen the previous year. On 31st December, twenty-five patients remained on the waiting list for hospital care, the same number as in the previous year. Of these, six were regarded as being in urgent need of admission (seven in 1966).

Short term care was provided for thirty persons. Of these, twelve were admitted to hospitals and ancillary premises, twelve to voluntary or private homes, two to Wyvern House Hostel, Weymouth and four to St. Aubyn's Hostel, Weymouth.

Sub-normal patients continued to be admitted to Tatchbury Mount, Coldeast, Coldharbour and the Royal Western Counties Hospitals and we are grateful for the help given by the staffs of all the hospitals mentioned.

Financial responsibility was accepted by the County Council for two children at Field Place, New Milton, to attend the Christchurch Training Centre, for thirteen children to attend the Spastics Centre at Poole and for one child to attend the small unit for autistic children in Southbourne.

The Home Teacher continued to visit forty-eight subnormal persons in Poole and West Dorset. Of these twenty reside at a private home in Lytchett Matravers.

Liaison with Hospital Services

Liaison between the hospital services and the County Council is aided by the appointment of the County Medical Officer and five members of the Mental Health Sub-Committee to the Herrison Hospital Management Committee, and the Deputy County Medical Officer and two members of the Mental Health Sub-Committee to the Tatchbury Mount and Coldeast Hospital Management Committee.

In addition, Dr. Foote of Herrison Hospital and Dr. Paine of Tatchbury Mount Hospital are co-opted members of the County Council's Mental Health Sub-Committee and the County Medical Officer is a member of the Psychiatric Advisory Committee of the Regional Hospital Board.

Voluntary Bodies

Agreement was reached during the year, with the National Association for Mental Health, that four beds in their home at Parnham House, Beaminster should be reserved for Dorset residents for whom the County Council accepts financial responsibility.

Both the Weymouth and District and the West Dorset Societies for Mentally Handicapped Children have continued to provide support and help for the handicapped and for their relatives. The Parent/Teacher Associations at Poole, Sturminster Newton and Weymouth have also continued to make valuable contributions to the welfare of the mentally handicapped by gifts, outings and other events.

Work has continued on the swimming pool in the grounds of the Wyvern Training Centre, and the promise of some increase in financial aid from the County Council has further encouraged local fund-raising efforts for swimming pools in Weymouth, Bridport and Poole.

Throughout the year the Friends of St. Aubyn's continued their valued activities which do much to widen the interests of the residents and help to involve them in normal community life.

The Cheshire Home for Mentally Handicapped Children at Hawthorne Lodge, Dorchester continues its valuable work of caring for children whose subnormality is so severe that they need care otherwise only to be found in hospital.

The Development Plan

The only new project to be completed during 1967 was the replacement Junior Training Centre in Bridport. Situated in Flood Lane, this centre has the capacity for sixty children and includes special accommodation for the very severely handicapped. The physical environment it provides is one of light and colour in complete contrast to that of the previous premises used, valuable though these had been for a number of years.

At the end of the year the following three projects were near completion and were expected to be opened within a few months:-

- (1) A home at Poole for thirty-six elderly confused persons.
- (2) A replacement training centre at Poole.
- (3) A hostel in adapted premises at Dorchester for twenty subnormal women

The chronic economic crisis with which the country is beset has wrought havoc with local authority development programmes everywhere, Dorset being no exception. During 1968-69 work is expected to commence on a hostel for subnormal adults at Blandford but apart from this it is no longer possible to state with any confidence when the other projects in the programme might be commenced. The extent to which the original programme has been put back can be gauged by the fact that two years ago six projects other than those already mentioned were programmed to be started before the end of 1967-68.

DENTAL CARE FOR THE MENTALLY HANDICAPPED

It has now proved possible to implement a limited service under the County Council's proposals for the dental care of subnormal persons in the community.

In the County there are at the present time 345 persons attending training centres, including 133 in Poole and 709 persons registered as being mentally sub-normal and living at home, inclusive of those in Poole. While those patients attending training centres are adequately catered for, it must be admitted that we do not know how great the problem of providing dental care for those patients living at home may be, as comparatively few of these patients seek treatment from the local authority service.

While many of these patients present no particular problem and do receive routine dental care from practitioners of their own choice, some, by reason of the severity of their mental handicap, their associated physical disability and the drug therapy they may be receiving, do not fit readily into the framework of the busy dental practice. In the past, many of the more seriously handicapped patients have been referred to the Hospital Service for multiple extractions. This procedure is not desirable both because the future welfare of these patients must inevitably depend to a large extent upon their acceptance by society, which in turn depends on their appearance: and also because many hospitals lack facilities for dealing with this specialised type of patient, a position exacerbated by shortages of nursing staff.

In Dorset we are attempting to deal with the problem as follows:-

1. Patients attending training centres are inspected annually and those requiring and accepting treatment are, if their condition permits, treated in local authority dental clinics.
2. Patients living at home and not attending training centres are given the opportunity of receiving treatment in the county clinic nearest to their homes.
3. If the condition of the patient is such as to render routine treatment in the dental chair inadvisable, impracticable, or dangerous, arrangements are made for his admission to Herrison Hospital as a day patient so that all necessary treatment may be performed in one operation in the theatre under general anaesthesia by members of the local authority dental staff. Although it is not anticipated that any such patient should stay overnight, this may be arranged should recovery time appear to be unduly prolonged or if the physical condition of the patient should demand it. We are most grateful to the management committee and staff of Herrison Hospital for their co-operation in helping to establish this valuable service.
4. Should the physical condition of the patients be so grave as to render the administration of prolonged anaesthesia dangerous, they are referred to Odstock Hospital, Salisbury. (During the year only one such patient was referred to Salisbury.)

During 1967 the following treatment was carried out within the County as a whole:-

Numbers inspected	235
Numbers found to require treatment	124
Numbers offered treatment	99
Numbers treated	84
Number of attendances for treatment	190
Permanent teeth filled	153
Deciduous teeth filled	18
Permanent teeth extracted	54
Deciduous teeth extracted	30

Administrations of general anaesthesia	19
Number of dentures supplied	4
Number of patients for whom dentures were supplied	2
Number of inspection sessions	9
Number of treatment sessions	44

Residential Accommodation

The economy measures imposed by the Central Government as well as by the County Council have again had the effect of slowing down the development programme. The new home for fifty-five old people at Cross Road, Weymouth, was progressing well by the end of the year and it is expected that it will be ready for occupation by the autumn of 1968. But the two homes at West Bay, Bridport and Rowlands Hill, Wimborne had not been started by the end of December. Delay has far reaching effect, for places in residential accommodation can now only be found for the most urgent cases which may well mean that they are the more frail or disabled.

During the coming year the first home that the Council provided under the Act will have been open for twenty years. Before this was opened, advertisements for residents were inserted in the local press and the majority of these residents were presumably able to make their own way into the home. During 1967 a total of seventy-nine residents were admitted to residential accommodation direct from hospital; and no fewer than 153 of all residents were unable to get about without the help of walking aids or wheelchairs. I consider that a high tribute is due to the resident staff of all the Council's fourteen homes who carry out their devoted duties under increasingly difficult conditions.

The extension to Chalbury Lodge was completed in June and this home now caters for fifty-five residents.

Swanmore, the home at Swanage for short term care of twenty elderly residents has had a total of 447 admissions during the year. This shows how great the need is for such a home which makes it possible for many people to continue caring for their elderly relatives knowing that they will be well cared for in Swanmore while they take a holiday from time to time. Others who live alone and value their independence can benefit greatly from a short period of rest and recuperation and rehabilitation in Swanmore before returning to their own homes.

Occasionally it has been possible for district welfare officers to arrange for an elderly person to spend one or perhaps two days a week at one of the Council's homes for elderly people, returning to their own homes to sleep. This can be of great benefit particularly to lonely people and in at least one case it has been possible to remove a person's name from the waiting list for permanent residential accommodation. Such visits can help to remove the fear of eventual admission to permanent accommodation and if such a service can be developed I have no doubt it will point the need for the establishment of day centres for the elderly.

A number of Voluntary Associations and helpers give much time to some of the residential establishments, and among these may be mentioned members of the British Red Cross Society, Cadets from several divisions of the St. John Ambulance Brigade, senior students from several schools, and many other friends who take an interest in the homes and their residents, and to all of these the Council is greatly indebted.

Special Housing for the Elderly

During the year district councils completed further schemes of grouped dwellings especially designed to suit the needs of the elderly and more schemes were commenced. But it is disappointing to have to report that there are still six out of twenty-one housing authorities in the County who have not yet provided dwellings with a warden service. In the 20th annual report for the year ended the 30th September, 1967, the National Corporation for the Care of Old People

makes some interesting comments and says "In some places, the attitude of the local authorities still suggests that the scale of need and the approach to the problem is not sufficiently well understood".

By the end of the year 611 tenants had been approved for financial contributions by the County Council subject to the conditions relating to occupancy and structural welfare and warden facilities.

Annual contributions to Housing Associations and Almshouse Trusts continued to be made in respect of accommodation of various kinds.

Meals on Wheels

During the year a total of 67,154 meals had been distributed in the County by members of the Women's Royal Voluntary Service, an increase of 3,832 meals over the previous year. These were delivered to 1,429 recipients. Detailed statistics are set out in Table 8 on page 70.

Again it was possible to maintain a modified service in a number of areas in the County during the period when the school canteens were closed for holidays.

Once more I would like to thank the members of the Women's Royal Voluntary Service who regularly give up so much time to this service and also the County Education Department for the continued help given by the schools meals section.

Social Welfare

At the end of the year no fewer than seven Luncheon Clubs for elderly people had been established with the help of the County Council's contributions scheme. One of these was organised by the Pilgrim House Club at Weymouth, one by the British Red Cross Society at Dorchester, one by the Broadstone Council of Churches Friendship Club and four by the Women's Royal Voluntary Service.

Some of these Clubs make a great effort to transport people who normally receive Meals on Wheels to the Luncheon Club. This relieves the pressure on the Meals on Wheels service to a limited extent, but anyone who has visited one of these Luncheon Clubs can have no doubt of the added benefits to a person who can be brought to the Club rather than being left to eat their meal in solitude in their own home.

Provision of old people's clubs and visiting and other services by various voluntary organisations in the County have continued successfully. Reciprocal visits between certain old people's clubs and the Council's homes for elderly people have given much pleasure.

During the year it was decided to form a Community Council for Dorset. The development of this should prove of great benefit in the co-ordination of voluntary work throughout the County and help to achieve a closer liaison between this Department and certain voluntary associations.

Registration and Inspection of Disabled Persons and Old Persons Homes

At the end of the year there were eleven homes provided by Voluntary Associations and twenty-seven private homes registered with the County Council under Section 37 of the Act. One of these voluntary homes provides only for young disabled people and not for elderly people, and had twenty-three persons in residence on the 31st December, 1967. During the year four private homes applied successfully for registration and four private homes ceased to be registered.

There were 211 elderly persons resident in the voluntary homes and 232 resident in the private homes at the end of the year making a total of 443 persons.

Periodic inspections of registered homes continued as in previous years.

Welfare of the Blind and Partially Sighted

The number of persons on the Blind Register and the Partially Sighted Register continued to increase during the year but the number of newly registered blind cases continued to decrease.

At the end of the year there were 1,007 persons on the Blind Register, an increase of twenty-eight during the year, and there were 167 persons on the Partially Sighted Register, an increase of eleven during the year. The number of newly registered blind cases was 138 compared with 152 the previous year. There was one case under the age of five, one was aged eleven, eighteen were between the ages of sixteen and sixty-four and 118 cases were over the age of sixty-five years.

Visiting and teaching were carried out by eight qualified home teachers of the blind, three working in the Borough of Poole and five covering the remainder of the County. Handicraft classes, socials, outings, sales of work, exhibitions and special holiday facilities were arranged in co-operation with the Dorset County Association for the Blind. Instruction in embossed type and handicrafts was given to pupils in their own homes.

Arrangements were continued for the employment of one basket maker and one machine knitter at the Bristol Royal Work-shops for the Blind, one flat machine knitter and one brush maker at the Royal Work-shops for the Blind, Leatherhead, and one brush maker at the Yorkshire Work-shops for the Blind. Thirty-six blind men and seven blind women were employed in open industry in Dorset at the end of the year. Under the County Council's scheme for home workers, six men and five women were supervised by the Bristol Royal Work-shops for the Blind under their Home Workers Scheme. One braille copyist was supervised by the National Library for the Blind as a part-time worker.

The marketing of saleable articles made by the blind in their own homes and at handicraft centres was as well maintained as in the previous year, the high standard of handicrafts continued and this was evident from the number of awards won at the Dorset Arts and Craft Exhibition, the Bristol Guild of Blind Gardeners and the Poole Show; a total of fifty-two awards were gained.

Co-operation with the Blind Persons Rehabilitation Officer of the Ministry of Labour was maintained in connection with training and employment.

At the end of the year a total of 139 blind persons over the age of sixteen were living in hospitals and welfare homes. Of these, forty-eight were in the care of regional hospital boards, seventy-one were in homes provided under Part III of the National Assistance Act, 1948, and twenty were in privately run homes. The registers of the blind and partially sighted were maintained in co-operation with the Western Regional Association for the Blind.

Statistics relating to the number of blind and partially sighted persons registered with the Council during the year are as follows:-

Blind	Dorset (Excluding Poole)	Poole	Total
No. on Register at 31.12.66	669	310	979
New cases	92	46	138
Transfers in	25	16	41
Transfers out	18	12	30
Deaths	81	39	120
Decertified	1	-	1
No. on Register at 31.12.67	686	321	1, 007

Partially Sighted	Dorset (Excluding Poole)	Poole	Total
No. on Register at 31.12.66	103	53	156
New cases	23	11	34
Transfers in	3	3	6
Transfers out	4	1	5
Deaths	11	3	14
Transferred to Blind Register	4	4	8
Decertified	2	-	2
No. on Register at 31.12.67	108	59	167

Welfare of the Deaf and Hard of Hearing

The Welfare Services for the deaf and hard of hearing continued to be administered through agency arrangements with the Salisbury Diocesan Association for the Deaf and Hard of Hearing and cases applying for assistance were visited by officers of the Association.

The services provided included the visiting of cases in their own homes and in hospitals. Assistance was also given with regard to employment in co-operation with the Ministry of Labour.

Social centres for the deaf continued to be run at Poole, Sherborne and Weymouth and hard of hearing clubs met regularly at Bridport, Dorchester, Poole, Sherborne and Weymouth.

It would undoubtedly be beneficial if older persons began to practise the art of lip reading at the onset of their deafness instead of leaving it, often for many years, until the deafness is profound. To organise courses of instruction in this subject throughout a rural county would, unfortunately, be difficult and expensive. Some useful articles have, however, been appearing in "Hearing" the official publication of the R.N.I.D.

The testing of pre-school children and children at school for the early detection of hearing loss has continued, so that all necessary remedial measures may be started as soon as possible.

The following table shows the number of persons both deaf and hard of hearing registered with the Authority on the 31st December, 1967 and sets out statistics in respect of services provided:-

	Dorset (Excluding Poole)	Poole	Totals
Deaf	105	38	143
Hard of Hearing	174	71	245
No. of cases for whom service is provided	273	126	399
Attendance at Social Clubs	2,494	1,103	3,597
Attendance at Church services	554	401	955
Visits by Missioners	1,513	714	2,227

Physically Handicapped (General Classes)

During the year a third social welfare officer was appointed to join the two social welfare officers for the handicapped in post, and this in time will afford some measure of relief to the very heavy case load that the two officers have been carrying. Cases are visited throughout the County, advice given on general welfare and the most effective means are determined by which persons may be assisted to overcome their disability.

During the year there was a further increase in the issue of specialised equipment, aids and gadgets, and also in adaptations to the homes of the handicapped persons.

The Dorset Branch of the British Red Cross Society continued to act as agents of the County Council in certain aspects of the work including instruction in handicrafts in the homes of handicapped persons and also in the supply of aids and gadgets. Assistance was given with the purchase of materials and the disposal of finished articles. The County Council again made a grant to the Dorset Association for the Disabled to assist them in their activities for the promotion of the general welfare of the disabled. Co-operation with the disablement resettlement officers of the Ministry of Labour was maintained in connection with the training and employment of disabled persons.

At the end of the year five handicapped persons from the County were still employed in sheltered workshops and four handicapped persons from the Poole area were so employed in the Bournemouth workshops for the disabled.

The following table shows the number of physically handicapped persons (General Classes) registered with this Authority on the 31st of December, 1967.

	Dorset (Excluding Poole)	Poole	Totals
No. on register at 31.12.66	1,020	339	1,360
New cases	231	47	278
Transfers In	2	4	6
Transfers Out	17	6	23
Deaths	88	15	103
Removed from Register	13	38	51
No. on register at 31.12.67	1,136	331	1,467

REGISTRATION OF NURSING HOMES

One new home was registered during 1967 and at the end of the year there were fifteen registered homes providing 215 beds for general (not maternity) cases.

Periodic inspections of registered homes continued as in previous years.

NURSERIES AND CHILD MINDERS REGULATION ACT 1948

All applications for registration as day nursery or child minder are investigated thoroughly with inspection of all premises concerned. There have been an increasing number of such requests many of which are for play groups rather than day nurseries. It is our policy to register play groups as day nurseries in order to ensure proper inspection of the premises.

Premises registered at end of year:-

	Day Nurseries			Child Minders		
	1965	1966	1967	1965	1966	1967
Number	13	24	33	18	25	24
Number of places at end of year	251	477	752	299	266	274

ENVIRONMENTAL HYGIENE

WATER SUPPLIES AND SEWERAGE

Further progress was made during 1967 in the provision and improvement of piped water and main drainage in Dorset.

Water Supply

A local inquiry into the proposed Order providing for the setting up of one statutory water authority to serve the greater part of Dorset was held by the Minister of Housing and Local Government in January. This Inquiry was necessitated because a number of objections were received to the making of the proposed Order - although none came from a local authority.

After considering the Inspector's report on the Inquiry, the Minister decided to ratify the Order substantially in the terms of the draft, but certain modifications were proposed and the parties concerned were duly notified by letter on the 17th October, 1967. No objection was taken to the proposed modifications and the Minister accordingly made the Order on 11th January, 1968. The making of the Order was, in turn, duly notified in accordance with Schedule 1 of the Water Act, 1945 and within the prescribed period of twenty-eight days objections to the Order were received from the Bridport and District Ratepayers' and Residents' Association and from Major and Mrs. Golding.

Accordingly, it was not possible for the new water authority - to be known as the Dorset Water Board - to come into operation, as had been hoped on 1st April, 1968 and the matter will, in due course, be considered by the Joint Parliamentary Committee.

Depending on the outcome of Parliamentary procedure, the earliest date at which the Order could now come into operation would appear to be 1st April, 1969, although a 'Shadow' Board has been set up and this will continue to watch the interests of the area to be served by the new water undertaking pending the Appointed Day. The only areas in Dorset, which will not be served by the Dorset Water Board when it comes into operation will be the Sherborne urban and rural districts which are within the Wessex Water Board, the Shaftesbury borough and Shaftesbury rural district which are served by the West Wilts Board, the Wimborne urban district and the major part of the Wimborne and Cranborne rural district which are within the statutory area of the Bournemouth and District Water Company.

While these legal procedures continue the existing statutory water undertakings within the area to be served by the Dorset Water Board have been further developed and works of some magnitude have been carried out, in particular, by the West Dorset Water Board in furtherance of their £1¼ million Regional Scheme and by the existing Poole and East Dorset Water Board.

In his Annual Report for 1966-67, the Engineer and Manager of the Poole and East Dorset Water Board included the following table, illustrating the growth of the Board's Capital Works programme over the past seven years.

Year	Annual Capital Expenditure
	£1, 000's
1960/61	32.3
1961/62	65.5
1962/63	77.7
1963/64	162.0
1964/65	125.0
1965/66	173.7
1966/67	338.0

Of the above expenditure some 13% (£125,000) was incurred on rural water supplies schemes, 72½% (£708,000) on schemes to augment the Board's resources, treatment works and distribution systems and the remaining 14½% on main extensions for housing and industrial development.

Last year, reference was made to certain difficulties which faced the Wessex Water Board in their search for a new major source of supply. At that time consideration was being given to the possibility of constructing an Impounding Reservoir near Gallica Bridge in the parish of Melbury Osmond with an estimated capacity of about 4 m.g.d. The Board's Consultants found that it would be feasible to build a storage reservoir and they put the cost of the new dam and ancillary works at about £1,400,000.

There were, however, objections to this proposition, notably from the local branch of the National Farmers Union, and it was decided to explore the possibility of obtaining the required quantity of water from the Frome Valley, about four miles north of Dorchester. Consultations took place between the Board's Engineer and the Chief Engineer of the Avon and Dorset River Authority. Subsequently, there were discussions with the Water Resources Board, and in the light of the information received, the Wessex Water Board approved a scheme, prepared by their Engineer, for the construction of four boreholes at Lower Magiston Farm, near Sydling St. Nicholas. The work of constructing the boreholes took place last summer, and by the autumn a full-scale test pumping operation was put in hand. Abnormally heavy rainfall last October, it was felt, might have produced artificial results, and in the early stages there was some concern about the reliability and adequacy of this prospective source. The level of the Sydling Water was carefully measured, during the pumping tests, by the River Authority, who also kept observations on other water sources in the neighbourhood which, it was believed, might be affected. Some of these sources were affected markedly, but after the results had been computed further discussions took place between the Water Board, the River Authority and the Water Resources Board, with the result that the Wessex Water Board were advised to develop this source rather than construct the proposed Impounding Reservoir and this, after consultation with interested parties, the Board decided to do.

The County Council and the Poole and East Dorset Water Board were represented at a Meeting with representatives of the Wessex Board before the Board made their decision in favour of the Lower Magiston scheme. An alternative suggestion was made by the Engineer of the Poole and East Dorset Water Board whereby his Authority would develop this source and provide a bulk supply to the Wessex Board. By integration with another of the Poole and East Dorset Water Board's sources in the neighbourhood, it was felt that this might be a more economical procedure and it was agreed that the Engineers of the two Boards should get together and agree the nature of the alternative proposals and estimates of the cost.

Excellent work has been done by the Bournemouth and District Water Company and by the West Wilts Water Board in the development of their undertakings to meet growing demand, both by domestic and industrial users. As was stressed in last year's report this is a problem which will always be with those whose responsibility it is to ensure that there will be available a supply of water of the highest bacteriological and chemical quality to fulfil consumers' peak requirements.

Dorset is fortunate in having ample resources which, thanks partly to the reorganisation of water undertakings which has taken place over the last decade, are being used very efficiently. At the same time, in certain parts of the County there exist sources that are no longer suitable for public supply purposes. These are being reduced in number each year as the development of major pumping stations proceeds.

Sewerage and Sewage Disposal

Once again, it is possible to report excellent progress in main drainage.

In 1967 a new approach was made to the question of trying to find the best long-term solution to drainage problems in parts of the County where the need was great, either because of new housing estates, or because existing services were badly in need of replacement or major over-haul.

In the opinion of the County Public Health Engineer, the time has come for serious thought to be directed to some form of rationalisation, or even of regionalisation of sewerage and sewage disposal. With the rapid expansion planned for certain areas, he felt that the long term answer would not be found by purely local schemes but that a form of trunk sewerage was the concept that should be followed.

The conclusion was soon reached that any form of regionalisation of sewerage could only be sustained economically if the relatively high cost of constructing large inland sewage disposal works could be avoided. It was not feasible in his opinion to convey sewage for a considerable distance - anything up to thirty miles or more - and then build a full-scale treatment works. So, with the financial benefits of the Bridport joint sewerage scheme fresh in mind, the same principles were applied on a much larger scale in the preparation of a major trunk sewerage scheme to serve practically the whole of North and East Dorset.

The Bridport joint sewerage scheme was based upon a new twenty-five inch internal diameter submarine pipeline nearly one mile long, which was to be laid, in the Spring of 1968 in West Bay and which had been designed to serve a population of about 26,000. For North and East Dorset, he proposed, subject to the results of a full-scale hydrographical survey, that a similar but much larger pipeline should be constructed off Arish Mell, where in 1959, a long sea outfall had been put into the English Channel by the Atomic Energy Authority, to serve the Research Establishment at Winfrith.

It was planned that the scheme should serve an area extending from Bourton, north of Shaftesbury to Blandford Forum; thence south-westwards to Wareham, and across the Purbecks to the sea. From Corfe Mullen a link could be taken eastwards to pick up drainage from Verwood, Ferndown, West Moors and Wimborne Minster.

According to estimates prepared by the County Planning Officer, this project could serve a population of 140,950 by 1981 and by the turn of the century, sewage from a total population of 264,650 could be taken into this trunk sewerage system, together with trade waste from the entire drainage area. A scheme designed in accordance with the 1981 population figures would cost in the order of £3,400,000 but if, as the County Public Health Engineer considered should be the case, the scheme was constructed to cope with the population in 2001 it might cost in the neighbourhood of £4,800,000.

In spite of the grim financial outlook the reaction to this somewhat revolutionary scheme was more encouraging than had been expected, and while, in present circumstances the chances of getting such a major project off the ground are somewhat remote the County Council are being asked, on the recommendation of the Health and Social Services Committee, to authorise the County Treasurer and the County Public Health Engineer to examine the viability of the southern part of the scheme. This would be the length commencing at Verwood on the eastern extremity of the Wimborne and Cranborne Rural District and draining the greater part of South-East Dorset including Ferndown, West Moors, Hampreston, Wimborne Minster, Corfe Mullen, Upton and the fringe areas of Wareham westwards to the sea at Arish Mell. In this area alone it is envisaged that by

the turn of the century, the population might increase from its present level of about 50,000 to something in the order of 200,000, only about 65,000 less than in the whole of the original drainage area which it was suggested the major scheme might serve. Provision could also be made in this length of trunk sewer to deal with the Stour Valley catchment area of Poole, the northern outskirts of Bournemouth, and part of the Ringwood and Fordingbridge Rural District.

At the end of the year excellent progress was being made with the construction of the Bridport Joint Sewerage Scheme; work on the pressure pipe system which would convey sewage from Beaminster to Bridport was nearing completion, the head works pumping station was beginning to take shape and the submarine pipeline, which had been assembled last summer along the disused railway track near West Bay, was waiting to be pulled into the sea during the spring or summer of 1968. It was hoped that this small trunk sewerage scheme would be operational by June or July.

Last November, officers of the County Council were authorised to discuss with their opposite numbers of the Weymouth and Dorchester Corporations, the Portland Urban District Council and the Dorchester Rural District Council, the possibility of some form of rationalisation of sewage disposal in South Dorset, possibly by means of a trunk sewerage scheme based on a submarine pipeline into Weymouth Bay or West Bay, and consideration of this matter is still taking place.

Among the bigger main drainage schemes which have been under construction in the course of the year is that for Corfe Mullen in the Wimborne and Cranborne Rural District, and it was hoped that a start would be made on the construction of a main link sewer for the Verwood scheme which, at an estimated cost of £722,500 is the biggest project of its kind ever to be submitted to the County Council for grant-aid.

In the Wareham and Purbeck Rural District, fine progress was made with the Bere Regis, Lytchett Matravers main drainage scheme, and towards the middle of the year, a start was made on the Wareham joint sewerage scheme which serves the Borough of Wareham and the neighbouring parish of Sandford. These two schemes are estimated to cost £174,000 and £143,000 respectively.

At the request of the Lyme Regis Borough Council, and with the approval of the County Council, the County Public Health Engineer, working in collaboration with Messrs. L.G. Mouchel and Partners, Consulting Engineers, carried out a detailed investigation into the question of sewage disposal at Lyme Regis. In September a feasibility report put forward three schemes which appeared to provide a satisfactory means of dealing with this question on a long term basis. Each was based on the construction of a main pumping station near Cobb Gate Car Park, but as a short term solution and a means of easing the financial burden, a system of treating sewage by direct chlorination was suggested to the Council as one which might be the subject of discussion with the Ministry of Housing and Local Government. It was emphasised however, that this could not be seen as the permanent cure to certain problems which existed in this seaside town. This matter is now under consideration by the Ministry of Housing and Local Government.

Summarised below are the schemes which were (i) submitted to the County Council for consideration under the Rural Water Supplies and Sewerage Acts, (ii) commenced and (iii) completed during the year:-

Schemes Submitted, Commenced and/or Completed during 1967

Authority	Scheme	Approximate Capital Costs of Scheme		
		Submitted £	Commenced £	Completed £
Water Supplies				
Dorchester Rural District Council	Buckland Newton, Minterne Magna, Cosmore and Middlemarsh	-	-	6,100
Poole and East Dorset Water Board	Corfe Castle - Church Knowle	13,820	-	-
	East Stoke - East Holme	-	-	33,340
	Studland	-	-	39,500
	Thornicombe	-	-	7,150
Wessex Water Board	Holywell Main Extension	-	2,730	2,730
West Dorset Water Board	Regional Scheme -			
	Contract No. 39	-	-	24,370
	Contract No. 42	-	-	9,971
	Contract No. 44	-	-	23,610
	Contract No. 45	-	-	20,260
	Contract No. 47	-	-	17,640
	Contract No. 48	-	-	2,826
	Contract No. 50	-	-	40,357
	Contract No. 54	-	-	26,700
	Contract No. 56	-	-	42,210
	Contract No. 57	-	-	25,210
	Contract No. 58	-	-	133,520
	Phase 7 - Western Area			
	First Contracts of £137,810 Scheme -			
	Contract No. 59	-	7,250	-
	Contract No. 63	-	52,050	-
West Wilts Water Board	Bourton - Stage 3	7,100	7,100	-
	Motcombe	-	-	4,000
	Silton	-	-	365
Sewerage and Sewage Disposal				
Beaminster Rural District Council	Beaminster and Netherbury	-	-	174,300
Bridport Rural District Council	Chideock	-	-	101,300
Dorchester Rural District Council	Piddle Valley	254,000	-	-
	Portesham and Abbotsbury	-	-	129,200

Authority	Scheme	Approximate Capital Costs of Schemes		
		Submitted £	Commenced £	Completed £
	Sewerage and Sewage Disposal (cont'd)			
Sturminster Rural District Council	Marnhull - Pumping Station at Pilwell	13,750	-	-
Wareham and Purbeck Rural District Council	Bere Regis Joint Scheme			
	Stage 1 - Bere Regis	-	185,880	-
	Stage 2 - Lytchett Matravers	179,340	-	-
Wimborne and Cranborne Rural District Council	Corfe Mullen -			
	Contract No. 19	-	-	72,000
	Contract No. 24	-	-	237,000
	Contract No. 25	-	107,442	-
	Ferndown and West Moors -			
	Contract No. 21	-	-	84,183
	Contract No. 22	-	-	19,611
	Contract No. 23	-	-	36,000
	West Parley - Part diversion of flow Kinson to Palmers Ford	6,750	-	-
Lyme Regis Borough	Main Pumping Station - Direct Chlorination Scheme	57,000	-	-
Wareham Borough and Rural District Council	Joint Scheme including Wareham Borough, Sandford, Stoborough and Ridge	-	143,000	-

THE PREVENTION OF RIVER POLLUTION

So much has been done during the past eighteen years in the provision of main drainage schemes, that the pollution of Dorset's rivers by sewage is almost at an end. No-one will be more relieved, when the Bridport Joint Sewerage Scheme begins to operate, than the Avon and Dorset River Authority for the severe pollution of the river Brit by crude sewage and trade waste from Beaminster has caused concern to the Authority and its Officers for a very long time. The condition of the waterways in and around Beaminster itself was vastly improved by the completion, about a year ago, of the new sewerage scheme for the town, but pending completion of the pressure pipe system which will convey the sewage to Bridport and the sea outfall, it has been necessary, with the consent of the River Authority, to discharge the whole of this sewage into the River Brit at a point below the town, purely as a temporary expedient. It is the Authority's intention to review this consent at the end of next July, and it is hoped that by then the problem will have been solved permanently.

The only other serious instance of river pollution which has occurred during the year has been in the headwaters of the River Stour, into which improperly treated sewage from the Borough of Shaftesbury, has been discharged in considerable quantity. The Avon and Dorset River

Authority have, however, taken strong action over this state of affairs, and by better maintenance of the Council's irrigation system at Holyrood Farm the situation has been vastly improved. The Corporation have submitted to the County Council a sewerage and sewage disposal scheme for the town which will shortly be the subject of a report by the County Public Health Engineer. It is designed to serve a total population of 6,000.

It is once again desired to place on record appreciation of the co-operation and close collaboration which the County Public Health Engineer has continued to receive from the Avon and Dorset River Authority's Fisheries and River Pollution Inspector, Mr. J.D. Brayshaw.

THE DISPOSAL OF SEWAGE INTO THE SEA

This is a subject that arouses much emotion, and while sympathising with those who feel strongly on this subject, it is necessary, from the public health point of view to assess the situation on the basis of the evidence available. The conclusions reached in the well publicised report of the Medical Research Council in 1959, were given a good deal of weight by the results of a survey carried out in the West Country a year or two ago by the Water Pollution Research Laboratory. The object of the exercise was to find out whether, and if so to what extent, a new long sea outfall had been effective in removing beach contamination. The findings were, in many respects, remarkable, but evidence that was particularly enlightening was the discovery that the bacteriological quality of "fresh" water entering the bay from a river was far worse than the bacteriological condition of the sea in the vicinity of the outfall. In fact, samples taken over a lengthy period showed that the condition of the coastal waters was adversely affected by the inflow of river water. Even so, the media count, in 1965, was only 73 per 100 ml. compared with 5,000 per 100 ml. from samples taken from the Rivers Thames and Lea in 1962 at the points where water was abstracted by a well known Water Board.

This would appear to indicate the rapid dilution and dispersion of sewage which takes place following discharge from a properly sited long sea outfall.

It is a matter of some satisfaction that the Water Pollution Research Laboratory have selected the new submarine pipeline at West Bay as a "test-bed" for a protracted investigation into the effect not only of discharging sewage from the end of this long pipeline, but also from two intermediary points. A survey to determine existing conditions took place during 1967 and the results then obtained will provide a background against which the findings of a survey to be carried out during the Summer of 1968 will be compared.

The West Bay outfall was modified in order to provide for two extra "in-line" diffusers and two sets of direct outlet ports to enable this research programme to be carried out, and the whole of the cost was borne jointly by the Ministry of Technology and Messrs. Land and Marine Contractors, the firm who constructed this pipeline. The investigations could prove extremely valuable and very much in the national interest.

In preparing the report on alternative methods of sewage disposal for the Lyme Regis Borough Council a good deal of work was done in connection with the Electrolytic Sewage Treatment system. The outcome was that the County Public Health Engineer did not feel that he could recommend this method in the case under consideration and in any event the system proved to be more expensive in capital cost than was anticipated, and more costly to run than other methods which were examined. In fact, the conclusion reached was that if any form of chemical treatment was to be decided upon, and there were reservations about the use of chemicals for the sterilisation of sewage, then it seemed that the direct application of chlorine might well be as effective as the more sophisticated alternative and a good deal cheaper both in capital and

running costs. It might well be, however, that with bigger installations the "E.S.T." process might give more favourable results, certainly from an economic viewpoint.

The cheapest permanent solution which was put forward to the Lyme Regis Council was the use of a submarine pipeline although it was not possible to prepare an accurate estimate because a hydrological survey had not been carried out. On the basis of a pipeline one mile long, however, the capital cost was much more favourable than either the construction of a biological treatment plant inland or, as has been indicated above, the use of "E.S.T.". As far as running costs were concerned, a long sea outfall was considerably cheaper than the other alternatives.

Dorset is fortunate to have such a valuable seaboard and it is believed that the County Council made a wise decision some eight years ago when they commended for the consideration of county district councils whose areas adjoined the sea, the use of the submarine pipeline technique.

INSPECTION AND SUPERVISION OF FOOD

Milk Supply

Most of the milk sold by retail in the county is pasteurised and in the main is supplied by the seven licensed pasteurising establishments, including one in the borough of Poole and another in the borough of Weymouth. Both borough councils are Food and Drugs authorities and supervision of these two pasteurising establishments is carried out by the respective borough public health inspectors.

The County Health Department supervises the remaining five pasteurising dairies from which, during the year, a total of 864 samples of pasteurised milk was obtained. Fourteen of the specimens failed the methylene blue test and one did not satisfy the phosphatase test. The majority of the methylene blue failures involved two dairies and full investigations were carried out. Delay in distribution was believed to be the main cause for the failures in one instance and when this was rectified repeat specimens proved satisfactory. In the other case no cause could be found for the unsatisfactory samples.

The phosphatase failure was also fully investigated but the cause was not found. The sample was taken at a pasteurising establishment which has an excellent record and in which the most up-to-date equipment has been installed.

Forty-five specimens were not submitted to the methylene blue test due to the atmospheric shade temperature exceeding 70° Fahrenheit on the days they were taken.

In addition to the samples of milk, rinses and swabs of cleaned bottles, pasteurising plant and ancillary equipment were obtained at the licensed pasteurising establishments and of the 844 specimens examined at the public health laboratory forty-eight were not of a satisfactory standard. Most of these were in respect of washed bottles and involved one dairy. Investigatory work indicated the probable cause as a fault in a bottle washing machine and when this had been corrected repeat specimens proved satisfactory.

During the year an occasional complaint was made to the County Health Department regarding a dirty or otherwise unsatisfactory bottle of milk and these were duly investigated. Generally, however, the standard of hygiene at the processing dairies has been found to be very satisfactory and every precaution is taken to prevent an unsatisfactory bottle of milk reaching a customer.

Most complaints were in respect of keeping quality and one dairy in particular was involved. A possible cause appeared to be delays in distribution and this is a matter to which wholesale pasteurising establishments must have particular regard. In order to safeguard their position the coding of bottles of milk which they supply to distributors is probably a well worthwhile measure.

By comparison with pasteurised milk the quantity of untreated milk which is sold by retail is very small. There are a few retailers and producer/retailers who have rounds but in many cases it is a case of 'off farm' sales to nearby householders.

During the year 183 samples of untreated milk were obtained from producer/retailers and twenty-one failed the methylene blue test.

Section 39, Food and Drugs Act, 1955

At the 31st December there were in force nine consents granted by the Minister of

Agriculture, Fisheries and Food enabling producers to sell undesignated raw milk to nearby householders.

The Milk (Special Designation) Regulations 1963/65

During the year fifty Prepacked Milk Licences were issued and thirty-two were cancelled so that at the end of the year the position regarding Dealer's licences was as follows:-

Dealer's (Pasteuriser's)	5
Dealer's (Untreated)	11
Dealer's (Prepacked)	340
	<hr/>
	356
	<hr/>

Section 31, Food and Drugs Act, 1955

Prohibition of Sale of Milk from Diseased Cows Tuberculosis

Although all dairy herds in the county are attested and the risk of contracting tuberculosis from the consumption of raw milk is, in consequence, minimal, selected sampling of milk from producer/retailers and of untreated supplies to schools has been undertaken during the year.

Sixteen specimens were examined at the Public Health Laboratory and all were negative for tubercle bacilli.

Brucella Abortus

Close supervision has been maintained of the retail sale of untreated milk and the procedure for sampling of milk of producer/retailers has been generally in accordance with the advice contained in Ministry of Health Circular 17/66.

During the year 3129 samples of milk obtained by sampling officers of the County Health Department were submitted to the Milk Ring Test and of 451 which were subsequently examined by culture, sixty-nine proved positive for the brucella abortus organism. These positive specimens involved twenty-two herds out of a total of eighty-seven from which samples were taken.

The Ministry of Agriculture, Fisheries and Food's Brucellosis Eradication Scheme started in April, 1967 and from information kindly supplied by the Ministry's Divisional Veterinary Officer it is learned that at the 31st December fifty-one applications had been received for herds to be entered on the list of 'supervised herds'. The total number of herds in the county at the end of the year was 3, 126, which included beef herds.

The number of applications received during the first nine months of the scheme appears to be disappointing but it may well be that the cost of reaching the qualifying stage for entry upon the register of 'supervised herds' has deterred many owners from making application.

The results obtained from the sampling of milk from producer/retailers in the county indicate a high percentage of infected herds and on public health grounds it is hoped that in 1968 many more producers will take part in the eradication scheme.

Antibiotics in Milk

During the first three months of the year seventy-six samples of milk were examined at the Public Health Laboratory, Dorchester, for the presence of an antibiotic and four were found to give a positive reaction.

From information obtained from the larger creameries in the county, and from the results of sampling carried out by the County Health Department, it would seem that there has been a decrease in the incidence of antibiotics in milk. Whilst this is a welcome trend, the number of instances in which an antibiotic has been present in milk during the year shows that there is still an urgent need for producers to take every precaution to ensure that milk intended for human consumption is free from all inhibitory substances.

Laboratory Reports of Milk Samples

Sampling Point	Statutory Tests		
	Satisfactory	Unsatisfactory	Totals
Pasteurising Establishment	849	15	864
Schools:-			
Maintained	*658	55	713
Private	*118	2	120
Canteens	281	11	292
County Homes and Hospitals	99	3	102
Retailers and Producer/Retailers	952	59	1,011
Totals	2,957	145	3,102

*Includes 121 samples taken by the borough public health inspectors from the forty-four maintained and private schools in Poole.

MEAT AND OTHER FOODS

Meat Inspection

At the 31st December there were eighteen licensed slaughterhouses in the county including one at a food factory in the borough of Poole.

Full time meat inspectors are employed in connection with six slaughterhouses and veterinary surgeons undertake meat inspection at two. In respect of the remaining ten establishments the work is undertaken by the public health inspectors of the relevant county districts.

In all cases a one hundred per cent meat inspection service has been maintained despite the fact that in many cases this duty has made heavy demands on the time of the public health inspector working single handed in his district.

The Manufacture and Sale of Ice Cream

Most of the ice cream sold in the county is supplied by manufacturers having a national

distribution. During the year the public health inspectors to the district councils submitted a total of 589 samples of ice cream for examination at the Dorchester Public Health Laboratory. Fifty-seven specimens (9.7%) failed to reach the standard for provisional gradings one and two.

FOOD AND DRUGS

Adulteration and Compositional Quality of Food

The following particulars relate to samples taken during the year by the weights and measures inspectors of the County Council:-

Period 1st January to 31st December, 1967

Food and Drugs Act, 1955

Name of Sample	Corr.	Incorr.	Total	Samples submitted to Public Analyst	Samples examined in Dept's Laboratory
Milk	503	1	504	4	500
Milk (Appeal to Cow)	4	-	4	4	-
Milk Bottle with Foreign Body	-	1	1	1	-
Cream	26	-	26	-	26
Ice Cream	11	-	11	-	11
Potable Spirits	49	-	49	-	49
Other foods	185	25	210	210	-
Drugs	29	1	30	30	-
Totals	807	28	835	249	586

Appropriate action was taken by the Chief Inspector of Weights and Measures on all samples adversely reported on by the Public Analyst.

Food Hygiene

The county district public health inspectors have maintained a close supervision of food premises, including stalls and delivery vehicles. In addition they have in many instances given talks on food hygiene to traders associations, Women's Institutes etc.

In regard to county council premises, including school kitchens, officers of the county health department make regular visits to ensure that a satisfactory standard of hygiene is maintained.

CLEAN AIR

In connection with the National Survey of Air Pollution, three recording stations were set up in 1965 in the Bridport district - two in the borough and one in the rural district. The one in the rural district is situated at Eggardon Hill and is a fully automatic, eight day multi point recording instrument whilst those in the borough are manually operated.

The instruments, which are under the supervision of the public health inspector to the Bridport rural district council, have continued to work satisfactorily and the figures for smoke and sulphur dioxide content of the atmosphere as recorded indicate that the degree of pollution is low, particularly at Eggardon Hill.

The manually operated recorder which was originally positioned at the Town Hall, Bridport, mainly for the purpose of estimating the degree of pollution due to traffic, was transferred to a new site in West Street in the Borough in September, 1967.

The flow of traffic along this main road through the town is particularly heavy during the summer months and it will be interesting to see what results are obtained from the recorder in this new position, especially in the peak holiday period in 1968.

The figures for smoke and sulphur dioxide content of the atmosphere as recorded by the three instruments during 1966 and 1967 are given below.

1966		1967	
Average per day in mcgms/cub.mtr		Average per day in mcgms/cub.mtr	
Smoke		Smoke	
Eggardon	5.29	Eggardon	4.70
Grove	16.61	Grove	13.83
Town Hall	33.71	West Street	39.61
Sulphur Dioxide		Sulphur Dioxide	
Eggardon	45.06	Eggardon	22.31
Grove	51.38	Grove	33.25
Town Hall	53.70	West Street	57.81

It is interesting to note the following comparisons of average readings for June 1967 taken at stations in West Dorset, Poole and Sidmouth. The figures are taken from the Monthly Summary of the National Survey of Smoke and Sulphur Dioxide.

Station	Smoke (mcgms/cub.mtr.)	Sulphur Dioxide (mcgms/cub.mtr.)
Eggardon Hill	3	26
Grove	4	40
Poole No. 19	9	24
Poole No. 20	12	36
Poole No. 21	15	24
Sidmouth	6	19

In general Dorset is free from serious pollution of the atmosphere. Most of the manufacturing and industries consuming large quantities of raw fuel are situated in the Poole area and include an electricity generating station, gas works, brick, pipe and pottery manufacturers and a chemical works.

The borough public health inspectors maintain a close liaison with the Alkali inspectorate who control these industries in regard to the Clean Air Act.

GYPSY SITES

There are not a great number of gypsy families in the county and most of those that are indigenous are to be found in the South East particularly in the borough of Poole and in the neighbouring rural districts of Wareham and Purbeck, and Wimborne and Cranborne.

The question of providing permanent sites is under active consideration by the County Council and district councils involved. The solution to this problem is not easy but it is hoped that a site, or sites, acceptable to all concerned, will be provided in the near future.

LAY-BY SANITATION

The movable toilet unit which in 1966 the Bridport rural district council stationed at a strategic position on the A.35 known, appropriately, as Travellers Rest, has continued to prove of great value to the many travellers who use this particular stretch of road, especially during the summer months.

It had been hoped that during the year it would have been possible to set up further lay-by sanitary conveniences at appropriate points on the trunk roads in the county but due to economic considerations this has not been possible.

There is little doubt that properly sited sanitary conveniences are a great asset to the travelling public and help to prevent the fouling of wayside hedgerows and lay-bys which unfortunately are often found to be in a disgusting condition and, apart from aesthetic considerations, on public health grounds continue to be a matter for concern.

HOUSING

The position regarding new houses in Dorset during 1967 is given in the following table, the figures being obtained from the Ministry of Housing and Local Government returns for the year. The figures in columns 3, 4, 7 and 8 relate to the total number of post war houses.

Housing Authority	Position as at 31st December, 1966				Position as at 31st December, 1967			
	Under Construction		Completed		Under Construction		Completed	
	(1) By Council	(2) Privately	(3) By Council	(4) Privately	(5) By Council	(6) Privately	(7) By Council	(8) Privately
Boroughs:-								
Blandford Forum	6	7	380	112	-	22	386	118
Bridport	72	4	400	357	26	14	446	371
Dorchester	64	40	546	896	-	42	610	935
Lyme Regis	6	12	201	235	-	25	207	252
Poole	124	947	4,620	8,154	220	1,129	4,733	8,934
Shaftesbury	-	8	147	182	-	8	147	182
Wareham	28	108	180	280	-	64	208	419
Weymouth and Melcombe Regis	108	71	1,939	2,542	95	175	2,042	2,677

Cont'd	Position as at 31st December, 1966				Position as at 31st December, 1967			
	Under construction		Completed		Under construction		Completed	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)
Housing Authority	By		By		By		By	
	Council	Privately	Council	Privately	Council	Privately	Council	Privately
Urban Districts:-								
Portland	50	31	538	239	33	39	598	290
Sherborne	19	28	415	217	45	63	486	257
Swanage	20	30	246	683	-	49	269	722
Wimborne Minster	12	19	224	159	-	31	236	189
Rural Districts:-								
Beaminster	-	19	389	308	8	47	389	347
Blandford	-	38	607	597	44	75	607	673
Bridport	28	121	341	695	22	110	369	774
Dorchester	59	133	688	975	110	132	737	1,079
Shaftesbury	32	39	490	439	-	78	526	500
Sherborne	3	28	296	379	-	60	299	441
Sturminster	8	59	850	345	21	92	858	406
Wareham and Purbeck	100	74	1,041	1,720	16	152	1,125	1,838
Wimborne and Cranborne	80	390	901	5,102	54	514	983	5,726
TOTALS	829	2,206	15,439	24,616	694	2,921	16,261	27,130

822 council houses were built by the district councils during the year and this is 237 more than in 1966. It is also the highest number since 1954 when a total of 942 council houses were built.

Not unexpectedly the greatest number - 113 - was built by Poole Borough Council although Weymouth and Melcombe Regis were a fairly close second with 103.

Of the nine rural district councils, Wareham and Purbeck lead with 84 houses completed during the year, beating Wimborne and Cranborne by two. Dorchester rural district council, who built forty-nine houses, came third.

No dwellings were completed during the year by the Shaftesbury borough council and Beaminster and Blandford rural district councils although both the latter councils had houses in course of building at the end of the year. In the case of Blandford some forty dwellings were under construction.

The building of private houses has continued to increase and the number completed during the year was 2,514 which is 144 more than in 1966. In addition there were 2,921 houses under construction at the 31st December. Well over half the houses completed were in Poole and the surrounding area of the Wimborne and Cranborne rural district and it is significant of the rapid development of this area that a further 1,643 private houses were under construction at the 31st December.

The Housing (Financial Provisions) Act, 1958

The Improvement of Dwellings - rural districts

A total of eighty-one applications for discretionary improvement grants was received during the year by the nine rural district councils. Seventy-five schemes were approved involving eighty-three dwellings which is four more than in 1966.

A scheme for the improvement of four council owned dwellings in Blandford rural district was approved by the Ministry. None of the other eight district councils undertook improvement schemes to council houses.

Since the introduction in August 1949 of the provisions for discretionary grants for improvements to privately owned property the number of applications received by the rural district councils up to 31st December, 1967 was 3,416 and the number of dwellings improved was 3,688.

The House Purchase and Housing Act, 1959 (Part II)

The Housing Act, 1964 (Part III)

Standard Grant Improvements - rural districts

Two hundred and fifty-seven applications were received by the rural district councils during the year which is forty-three more than in 1966.

The number of applications approved was 249 and 260 dwellings were provided with the standard amenities. No schemes were submitted by the district councils in respect of council owned houses.

Four applications were approved by the Wimborne and Cranborne rural district council for schemes of improvement to the reduced standard as provided for by Section 45 of the Housing Act, 1964.

The Housing Act, 1957

Clearance Areas and Individual Unfit Houses

The work undertaken by the district councils in connection with clearance areas and individual unfit houses is given in the following table, the figures being obtained from the Ministry of Housing and Local Government returns for the year.

Housing Authority	Houses in Clearance Areas and Unfit Houses Elsewhere		Houses in Clearance Areas and Unfit Houses Elsewhere	
	Included in orders confirmed	Demolished or closed 1.1.66 - 30.9.66	Included in orders confirmed	Demolished or closed 1.1.67 - 30.9.67
		In clearance areas Elsewhere		In clearance areas Elsewhere
Boroughs:				
Blandford Forum	6	- 7	-	6 -
Bridport	-	8 40	-	9 18

Cont'd	Houses in Clearance Areas and Unfit Houses Elsewhere			Houses in Clearance Areas and Unfit Houses Elsewhere		
	Included in orders confirmed	Demolished or closed 1.1.66 - 30.9.66		Included in orders confirmed	Demolished or closed 1.1.67 - 30.9.67	
Housing Authority		In clearance areas	Elsewhere		In clearance areas	Elsewhere
Dorchester	-	-	2	-	-	22
Lyme Regis	-	-	3	-	-	8
Poole	4	8	4	-	13	-
Shaftesbury	-	-	-	-	-	-
Wareham	-	-	1	-	-	1
Weymouth and Melcombe Regis	-	-	7	-	-	12
Urban Districts:						
Portland	-	-	1	-	-	4
Sherborne	-	-	-	-	8	-
Swanage	-	-	-	-	-	1
Wimborne Minster	-	-	-	-	-	3
Rural Districts:						
Beaminster	-	-	-	-	-	1
Blandford	-	-	10	-	-	2
Bridport	-	-	5	-	-	-
Dorchester	-	-	22	-	-	5
Shaftesbury	-	-	-	-	-	3
Sherborne	-	-	1	-	-	12
Sturminster	-	2	3	-	-	1
Wareham and Purbeck	-	-	9	-	-	2
Wimborne and Cranborne	-	-	9	-	-	5
Totals	10	18	124	-	36	100

Housing Accommodation for the Elderly in rural areas

During the year thirteen dwellings in Blandford and three in Dorchester rural districts were built with the aid of County Council grants and the total number of grant-aided dwellings in the nine rural districts was 242 at the end of 1967.

Five of the councils between them built thirty-six dwellings for the elderly without a grant. At the end of the year the total number of non grant-aided dwellings was 879 of which 254 have been built by Sturminster rural district council.

Fifty-five bungalows and thirty-two flats are proposed for 1968.

At the end of the year the total number of applicants for this type of dwelling was 550 compared with 580 at the 31st December, 1966.

TABLE 1
VITAL STATISTICS

	1959	1960	1961	1962	1963	1964	1965	1966	1967
8,744 acres									
:-									
Districts	189,600	192,540	195,330	197,780	198,800	201,160	202,760	203,540	205,330
Districts	117,900	118,750	120,250	122,020	123,260	126,090	127,390	129,460	132,580
County	307,500	311,290	315,580	319,800	322,060	327,250	330,150	333,000	337,910
Value	£3,917,475	£4,043,967	£4,129,179	£4,243,358	£12,146,034	£12,649,493	£13,080,471	£13,470,313	£14,043,648
Product of a Penny Rate	£15,574	£16,286	£16,750	£17,332	£49,394	£51,174	£53,194	£54,646	£56,576
Births	85	100	102	103	99	90	73	71	94
Births	4,518	4,817	4,823	5,071	5,289	5,197	5,205	5,253	5,081
Legitimate	4,292	4,584	4,558	4,771	4,993	4,875	4,851	4,869	4,691
Illegitimate	226	233	265	300	296	322	354	384	390
Live and stillbirths	4,603	4,917	4,925	5,174	5,388	5,287	5,278	5,324	5,175
Birth Rate (per 1,000 population)	14.6	15.4	15.2	15.8	16.4	15.9	15.8	15.8	15.0
Birth Rate (per 1,000 total live stillbirths)	18.4	20.3	20.7	19.9	18.4	17.0	13.8	13.3	18.0
Birth Rate (England and Wales)	16.5	17.1	17.4	18.0	18.2	18.4	18.0	17.7	17.2
Deaths (all ages)	3,840	3,902	4,077	4,270	4,466	3,982	4,061	4,372	4,149
Rate (per 1,000 population)	12.4	12.5	12.9	13.3	13.9	12.1	12.3	13.1	12.3
Rate (England and Wales)	11.6	11.5	12.0	11.9	12.2	11.3	11.5	11.7	11.2
Mortality:-									
under 1 year of age	79	96	96	111	91	85	82	75	85
Legitimate	73	89	91	105	87	75	70	72	76
Illegitimate	6	7	5	6	4	10	12	3	9
Infant Rate (legitimate infant deaths per 1,000 legitimate live births)	17.0	19.1	19.9	22.0	17.4	15.4	14.4	14.8	16.2
Infant Rate (illegitimate infant deaths per 1,000 illegitimate live births)	26.5	30.0	18.8	20.0	13.5	31.0	33.9	7.8	23.1
Infant Rate (total infant deaths per 1,000 total live births)	17.4	19.9	19.9	21.8	17.2	16.3	15.7	14.3	16.7
Infant Rate (England and Wales)	22.0	21.7	21.4	21.4	21.1	20.0	19.0	18.9	18.3
Mortality:-									
Infant Deaths	2	2	2	3	1	1	NIL	NIL	1
Infant Mortality Rate (per 1,000 live and stillbirths)	0.43	0.4	0.4	0.5	0.18	0.19	-	-	0.19
Cause:-									
Infants	16	15	19	12	8	14	13	11	11
Rate per 1,000 population	0.05	0.04	0.06	0.03	0.025	0.043	0.039	0.033	0.033
Infants	14	12	18	10	6	12	10	8	11
Rate per 1,000 population	0.04	0.03	0.05	0.03	0.018	0.037	0.03	0.024	0.033
Infants	2	3	1	2	2	2	3	3	-
Rate per 1,000 population	0.006	0.009	0.003	0.006	0.006	0.006	0.009	0.009	-
Cause:-									
Infants	151	141	96	94	90	77	50	70	59
Infants	131	116	82	80	72	65	41	55	47
Infants	20	25	14	14	18	12	9	15	12
Register as at 31st December:-									
Population	1,886	1,905	1,868	1,815	1,778	1,724	1,511	1,408	1,311
Population:-									
Males	928	961	934	908	881	838	732	685	622
Females	749	746	739	713	708	699	601	550	505
Population:-									
Males	94	89	84	84	84	80	78	78	86
Females	115	109	111	110	105	107	100	95	98

TABLE 2
NOTIFICATIONS OF INFECTIOUS AND OTHER NOTIFIABLE DISEASES

	1958	1959	1960	1961	1962	1963	1964	1965	1966	1967
Scarlet Fever	147	227	140	55	53	61	57	106	29	37
Whooping Cough	262	161	110	238	38	111	156	79	64	236
Diphtheria (including Membranous Croup)	-	1	1	-	-	-	-	-	-	-
Measles (excluding Rubella)	2,604	3,350	1,702	5,431	606	5,255	1,595	3,652	1,559	4,469
Acute Pneumonia (Primary or Influenzal)	124	190	89	90	76	123	51	30	42	25
Meningococcal Infection	3	4	1	-	-	1	2	1	2	2
Acute Poliomyelitis)	8	3	1	-	-	-	1	2	-	-
Acute Polioencephalitis)	4	-	1	1	3	3	1	1	5	3
Acute Encephalitis	4	112	238	28	8	148	7	23	38	17
Dysentery	1	4	6	5	1	12	-	1	-	2
Ophthalmia Neonatorum	51	50	62	87	118	72	49	28	44	24
Puerperal Pyrexia	-	-	-	-	-	-	-	-	-	-
Smallpox	-	-	2	-	1	1	1	3	1	-
Paratyphoid Fever	-	1	1	-	1	2	1	-	-	-
Enteric or Typhoid Fever (excluding Paratyphoid)	-	-	-	-	-	-	-	-	-	-
Food Poisoning (excluding Dysentery, Typhoid and Paratyphoid)	210	48	24	45	17	12	7	99	22	44
Erysipelas	37	19	23	15	13	9	20	24	16	4
Malaria - Believed to be contracted in this country	-	-	-	-	-	-	-	-	-	-
Malaria - Believed to be contracted abroad	1	-	-	-	-	1	2	-	-	2
Malaria - Induced in Institutions	-	-	-	-	-	-	-	-	-	-
Anthrax (not notifiable until 1960)	-	-	-	-	-	-	-	-	-	-

TABLE 3

ATTENDANCES AT WELFARE CENTRES, 1967

Centre	Number of Openings	New Cases Born in				Total Attendances Including new cases	Average Attendance per Session
		1967	1966	1962-5	Total		
Beaminstor	24	30	35	57	122	514	21.4
Blandford	24	79	64	37	180	870	36.3
Blandford Camp	48	66	74	70	210	1,496	31.2
Bovington Camp	21	65	66	38	169	609	29.0
Bradford Abbas	12	21	28	32	81	253	21.1
Bridport	22	35	20	18	73	305	13.9
Broadmayne	12	11	23	51	85	217	18.1
Bryantspuddle	12	8	9	12	29	137	11.4
Carey	12	29	27	25	81	326	27.2
Charmouth	9	10	19	15	44	143	15.9
Colehill	23	68	47	37	152	904	39.3
Corfe Mullen	24	48	55	82	185	808	33.7
Crossways	12	13	20	35	68	225	18.8
Dorchester	55	179	213	223	615	2,154	39.2
Ferndown	35	105	47	94	246	1,582	45.2
Gillingham	51	86	57	68	211	1,208	23.7
Handley	11	13	13	18	44	165	15.0
Lulworth Camp	11	17	24	32	73	224	20.4
Lytchett Matravers	11	23	26	34	83	314	28.5
Sandford	23	43	46	62	151	524	22.8
Shaftesbury	24	29	53	30	112	468	19.5
Sherborne	11	12	21	8	41	181	16.5
Sturminster Newton	24	25	32	34	91	366	15.3
Swanage	51	87	79	148	314	1,977	38.4
Thorncombe	10	3	8	16	27	99	9.9
Thornford	3	6	-	-	6	36	12.0
Upton	12	33	41	37	111	418	34.8
Verwood	24	58	54	40	152	788	32.8
Wareham	24	62	75	96	233	829	34.5
West Moors	24	34	11	28	73	625	26.0
Wimborne	21	76	52	68	196	890	42.4
Wool	12	22	32	38	92	279	23.3
Poole							
Branksome	113	204	193	155	552	5,373	47.5
Broadstone	52	82	172	196	450	1,812	34.8
Central	101	157	124	116	397	3,648	36.1
Creekmoor	6	6	9	18	33	155	26.8
Hamworthy	72	127	94	133	354	3,156	43.8
Hillbourne	38	73	30	151	254	1,320	34.7
Newtown	49	98	117	206	421	1,964	40.1
Oakdale	63	114	140	301	555	2,681	42.6
Old Town	52	38	41	109	188	1,127	21.7
Rossmore	48	74	70	106	250	1,781	37.1
Wallisdown	50	100	111	338	549	2,174	43.5
Waterloo	11	5	42	65	112	324	29.5
South Dorset Area							
Broadwey	21	32	53	10	95	382	18.2
Chickerell	23	27	29	25	81	421	18.3
Lanehouse	22	39	19	19	77	405	18.4
Littlemoor	24	24	23	44	91	408	17.8
Portland Tophill	50	129	140	86	355	2,285	45.7
Portland Underhill	51	84	79	69	232	1,781	34.9
Preston	23	35	34	48	117	623	27.1
Southill	24	26	28	46	100	499	20.8
Spa	40	70	97	29	196	1,105	27.6
Weymouth	103	223	138	105	466	4,100	39.8
Wyke Regis	103	100	106	97	303	2,150	20.9
Totals	1,831	3,263	3,260	4,055	10,578	59,608	

TABLE 4

VITAL STATISTICS IN ADMINISTRATIVE AREAS

Causes of Death	Totals U.D.'s		Totals R.D.'s		Totals whole County 1967	Comparable Totals 1966	Blandford Forum M.B.		Bridport M.B.	
	M	F	M	F			M	F	M	F
1. Tuberculosis, respiratory	2	1	6	2	11	8	-	-	-	-
2. Tuberculosis, other	-	-	-	-	-	3	-	-	-	-
3. Syphilitic disease	-	2	1	-	3	4	-	-	-	-
4. Diphtheria	-	-	-	-	-	-	-	-	-	-
5. Whooping Cough	-	-	-	-	-	-	-	-	-	-
6. Meningococcal infections	-	-	-	-	-	1	-	-	-	-
7. Acute poliomyelitis	-	-	-	-	-	1	-	-	-	-
8. Measles	-	1	-	-	1	1	-	-	-	-
9. Other infective and parasitic diseases	2	2	2	1	7	13	-	-	-	-
10. Malignant neoplasm, stomach	44	24	17	14	99	88	1	-	1	1
11. Malignant neoplasm, lung, bronchus	108	28	62	10	208	191	2	-	5	-
12. Malignant neoplasm, breast	-	52	-	27	79	78	-	1	-	2
13. Malignant neoplasm, uterus	-	19	-	10	29	25	-	-	-	-
14. Other malignant and lymphatic neoplasms	128	116	79	71	394	392	3	3	5	5
15. Leukaemia, aleukaemia	9	13	6	3	31	31	-	-	-	-
16. Diabetes	5	20	4	11	40	39	-	1	-	1
17. Vascular lesions of nervous system	154	238	105	128	625	643	5	6	7	12
18. Coronary disease, angina	328	217	191	130	866	931	7	4	12	11
19. Hypertension with heart disease	13	31	8	9	61	58	-	1	-	-
20. Other heart disease	93	178	58	103	432	481	6	1	7	12
21. Other circulatory disease	57	84	34	45	220	256	2	3	1	4
22. Influenza	1	4	-	-	5	36	-	-	-	-
23. Pneumonia	79	83	60	63	285	322	-	-	3	2
24. Bronchitis	80	19	42	10	151	155	3	2	2	1
25. Other diseases of respiratory system	13	6	7	6	32	40	-	-	-	-
26. Ulcer of stomach and duodenum	10	9	3	4	26	27	-	-	1	3
27. Gastritis, enteritis and diarrhoea	4	6	1	2	13	20	-	-	-	2
28. Nephritis and nephrosis	8	3	5	4	20	25	-	-	-	-
29. Hyperphasia of prostate	17	-	13	-	30	16	-	-	-	-
30. Pregnancy, childbirth, abortion	-	1	-	-	1	-	-	-	-	-
31. Congenital malformations	11	10	4	5	30	35	-	1	-	-
32. Other defined and ill-defined diseases	80	90	37	62	269	288	4	4	8	7
33. Motor vehicle accidents	18	8	8	6	40	48	-	-	1	1
34. All other accidents	28	38	22	23	111	74	1	-	1	1
35. Suicide	11	5	7	5	28	39	-	-	-	-
36. Homicide and operations of war	1	-	-	1	2	3	-	-	-	1
All causes	1,304	1,308	782	755	4,149	4,372	34	27	54	66
Deaths of infants under 1 year:-										
Total	35	21	13	16	85	75	1	1	-	-
Legitimate	32	17	11	16	76	72	1	1	-	-
Illegitimate	3	4	2	-	9	3	-	-	-	-
Live Births:-										
Total	1,610	1,473	1,016	982	5,081	5,253	40	34	37	52
Legitimate	1,474	1,336	952	929	4,691	4,869	40	30	34	48
Illegitimate	136	137	64	53	390	384	-	4	3	4
Stillbirths:-										
Total	34	23	23	14	94	71	1	1	2	-
Legitimate	33	20	18	12	83	66	1	1	2	-
Illegitimate	1	3	5	2	11	5	-	-	-	-
Estimated 'Home' population, 1967 (which includes non-civilians)	205,330		132,580		337,910		3,640		6,510	
Estimated 'Home' population, 1966 (which includes non-civilians)	203,540		129,430			332,970	3,630		6,510	

Dorchester M.B.	Lyme Regis M.B.	Portland U.D.	Shaftesbury M.B.	Sherborne U.D.	Swanage U.D.	Wareham M.B.	Weymouth and Melcombe Regis M.B.	Wimborne Minster U.D.	Poole M.B.	Beaminsten R.D.	Blandford R.D.	Bridport R.D.	Dorchester R.D.	Shaftesbury R.D.	Sherborne R.D.	Sturminster R.D.	Wareham and Purbeck R.D.	Wimborne and Cranborne R.D.
M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F	M F
- -	- -	- -	- -	- -	- -	- -	2 -	- -	- 1	- -	- -	- -	2 -	1 -	1 1	- 1	1 -	1 -
- -	- -	- -	- -	- -	- 1	- -	- -	- -	- 1	- -	- -	- -	- -	- -	- -	1 -	- -	- -
- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
- -	- -	- 1	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -	- -
3 2	2 2	2 -	- -	- 1	3 -	2 -	2 -	- -	- 2	- -	- -	- 1	1 -	- -	1 -	- -	- -	- -
7 1	- 1	9 1	5 1	2 1	4 -	1 1	5 9	3 -	22 9	2 1	2 1	- -	3 2	- 1	- 1	- 1	3 4	7 3
- 4	- 2	- 1	- -	- 1	- 6	- 1	14 8	- 3	59 11	2 -	6 2	4 1	10 4	4 -	1 -	3 -	8 -	24 3
- 1	- 2	- -	- -	- 1	- 1	- 2	- 4	- -	- 8	- 1	- 2	- 3	- 7	- -	- 3	- 2	- 5	- 4
8 6	2 2	3 5	1 -	6 7	4 4	2 4	31 24	2 1	61 55	7 5	5 4	3 5	7 9	4 3	3 4	13 2	8 12	29 27
- 1	- -	1 -	- -	- 3	- -	- -	2 5	1 1	5 5	- 1	1 1	- -	1 -	- -	- -	1 -	- -	3 1
10 16	4 4	5 8	2 4	6 10	10 11	2 6	32 53	5 7	66 101	7 8	4 11	11 8	16 17	10 8	2 4	- 1	2 -	- 2
16 7	7 4	11 8	8 9	7 5	17 10	11 3	57 39	9 5	166 112	12 9	15 2	7 13	34 14	13 8	9 8	26 17	21 15	54 44
- 2	2 1	3 2	- -	1 1	- 1	- 1	1 9	- -	6 13	1 2	- -	2 1	1 1	1 2	- -	- -	3 1	- 2
5 17	1 7	7 8	2 3	4 3	4 12	1 5	25 33	1 5	30 72	4 5	9 7	2 9	15 34	2 7	4 3	5 12	7 12	10 14
4 8	- 2	3 2	2 1	1 3	1 5	1 1	9 12	- 5	33 38	3 3	- 3	3 5	3 12	6 4	3 -	4 8	5 1	7 9
- -	1 -	- -	- -	- -	- -	- -	- 2	- -	- 2	- -	- -	- -	- -	- -	- -	- -	- -	- -
13 19	- 1	3 2	2 3	2 2	3 -	5 2	12 10	1 4	35 38	6 4	8 1	2 1	20 30	6 2	3 5	5 6	4 3	6 11
4 1	2 2	3 -	- 1	2 1	2 2	3 -	17 4	- 1	42 5	4 -	2 -	2 1	7 2	5 -	- 1	5 1	6 4	11 1
1 1	- -	- -	- -	- -	1 -	- -	1 2	- -	9 1	1 -	- -	1 -	1 2	- 1	- 1	- -	2 -	2 2
1 -	- -	- -	- -	- -	- 1	- -	- -	- -	3 3	- -	- -	- -	- -	- -	- -	- 1	1 -	- 2
- -	- -	- -	- -	- -	- -	1 -	5 -	- -	1 2	- 1	- -	- -	- 1	- -	- -	- -	1 -	- 1
- -	- -	1 -	1 -	- -	- -	1 -	3 -	1 -	10 -	2 -	3 -	1 -	2 -	- -	- -	- 1	2 1	2 -
3 2	- -	1 1	- -	- -	- -	- -	- 1	- -	- -	- -	- 1	- -	2 -	- -	- -	1 -	1 -	3 -
3 4	2 3	4 4	1 -	2 6	2 7	2 -	20 14	1 2	31 39	2 6	2 2	2 4	2 13	3 7	1 5	3 3	7 4	15 18
1 1	- -	1 1	- -	- -	- -	- -	3 -	- -	12 5	2 1	1 1	1 -	2 1	1 -	- -	- -	- -	1 3

STATION

Item	Blandford	Bridport	Dorchester	Ferndown	Gillingham	Lyme Regis	Poole	Shaftesbury	Sherborne	Sturminster Newton	Swanage	Wareham	Weymouth	Wimborne	Total
Patients Carried															
Emergency															
Maternity	67	59	86	30	12	16	309	18	10	24	29	95	207	43	1,005
Road Accidents	93	67	180	102	43	22	439	71	56	43	47	122	222	149	1,656
Other Accidents	92	14	37	16	19	21	985	14	11	40	71	17	144	40	1,521
Other Emergencies	214	342	502	133	24	38	1,240	20	29	24	51	177	1,087	159	4,040
Total Emergencies	466	482	805	281	98	97	2,973	123	106	131	198	411	1,660	391	8,222
Routine															
Hospital Admissions	200	331	304	293	94	165	1,204	217	278	240	296	336	688	579	5,225
Hospital Discharges	208	138	336	177	7	28	1,512	38	129	102	182	215	672	390	4,134
Intra-Hospital Transfers	135	161	605	61	9	68	2,494	98	72	85	130	122	583	185	4,808
Out-Patient Attendances:-															
Physiotherapy	69	1,257	1,504	42	-	5	1,723	-	416	13	75	27	5,025	171	10,327
Other	202	1,672	2,894	389	23	110	11,834	67	647	203	264	1,154	3,761	537	23,757
Corpses	-	10	11	2	1	-	10	4	4	3	2	2	6	5	60
Training Centre Attendances	-	-	-	-	-	-	14,254	-	-	-	-	-	-	8,980	23,234
Other Patients	8	49	155	24	2	2	351	7	80	20	43	17	146	18	922
Total Routine	822	3,618	5,809	988	136	378	33,382	431	1,626	666	992	1,873	10,881	10,865	72,467
Total Patients	1,288	4,100	6,614	1,269	234	475	36,355	554	1,732	797	1,190	2,284	12,541	11,256	80,689
Journeys															
Patient Carrying	644	1,398	3,000	600	187	335	6,575	417	755	364	573	803	5,053	996	21,700
Training Centres	-	-	-	-	-	-	1,049	-	-	-	-	-	-	483	1,532
Other Journeys	19	346	468	168	7	18	151	24	37	103	21	52	172	184	1,770
Total Journeys	663	1,744	3,468	768	194	353	7,775	441	792	467	594	855	5,225	1,663	25,002
Mileage															
Patient Carrying	30,959	35,627	52,700	24,916	10,296	13,327	107,018	13,133	18,987	24,013	22,784	41,462	59,939	45,289	500,450
Training Centres	-	-	-	-	-	-	20,430	-	-	-	-	-	-	22,916	43,346
Other Mileage	203	1,432	2,040	1,350	62	333	1,489	266	353	887	97	1,005	1,567	1,467	12,551
Total Mileage	31,162	37,059	54,740	26,266	10,358	13,660	128,937	13,399	19,340	24,900	22,881	42,467	61,506	69,672	556,347
Night Journeys (between 1800-0800 hours)	186	240	316	139	50	76	1,690	100	104	67	133	207	798	249	4,355
Stretcher Cases	845	630	1,403	716	167	373	6,956	460	428	397	801	941	2,640	1,282	18,039
Sitting Cases - Walking	215	2,757	3,737	201	44	59	25,121	78	981	154	174	1,198	7,903	9,241	51,863
Not Walking	228	713	1,474	352	23	43	4,278	16	323	246	215	145	1,998	733	10,787
Patients per Journey*	2.00	2.93	2.20	2.11	1.25	1.42	3.36	1.33	2.29	2.19	2.08	2.84	2.48	2.28	2.65
Miles per Patient*	24.04	8.69	7.97	19.63	43.96	28.06	4.84	23.70	10.96	30.12	19.14	18.15	4.78	19.90	8.71

*Excluding Mentally Subnormal Persons

TABLE 6

HOSPITAL CAR SERVICE STATISTICS - YEAR ENDING 31st DECEMBER 1967

Item	AREA										Total
	Blandford	Bridport	Dorchester	Gillingham	Poole	Shareshbury	Sherborne	Wareham	Weymouth	Wimborne	
Patients Carried											
Hospital Admissions	186	194	86	55	83	50	54	191	135	162	1,196
Hospital Discharges	149	207	183	7	124	19	36	173	212	101	1,211
Inter-Hospital Transfers	9	21	79	1	43	11	13	7	44	1	229
Out-Patient Attendances:-											
Physiotherapy	2,638	1,982	858	558	5,340	530	433	2,948	884	5,462	21,633
Other	9,325	3,874	3,340	2,157	12,427	2,071	2,524	9,350	6,459	9,600	61,127
Attendances at Training Centres	-	-	33	-	904	-	272	1,837	879	1,198	5,123
Education, Immunisation, Social Services	1,272	908	601	413	5,884	365	467	709	512	2,638	13,769
Patients	14	21	10	3	32	12	1	9	9	4	115
Other Patients											
Total Patients	13,593	7,207	5,190	3,194	24,837	3,058	3,800	15,224	9,134	19,166	104,403
Journeys											
Patient Carrying	4,305	2,826	2,070	810	5,578	997	1,345	4,508	2,387	5,457	30,283
Training Centres	-	-	11	-	258	-	219	599	462	471	2,020
Other Journeys	105	51	73	18	80	15	39	139	63	120	703
Total Journeys	4,410	2,877	2,154	828	5,916	1,012	1,603	5,246	2,912	6,048	33,006
Mileage											
Patient Carrying	169,257	101,101	76,436	33,955	125,599	38,010	41,302	150,698	72,988	148,743	958,089
Training Centres	-	-	339	-	2,806	-	1,828	17,879	8,342	8,956	40,150
Other Mileage	1,053	407	910	200	831	223	569	1,326	872	874	7,265
Total Mileage	170,310	101,508	77,685	34,155	129,236	38,233	43,699	169,903	82,202	158,573	1,005,504
Patients per Journey*	3.16	2.55	2.49	3.94	4.29	3.07	2.62	2.97	3.46	3.29	3.28
Miles per Patient*	12.46	14.03	14.82	10.63	5.25	12.43	11.70	11.27	8.84	8.27	9.65

*Excluding Mentally Subnormal Persons

TABLE 7

ANALYSIS OF PERSONS IN RESIDENTIAL ACCOMMODATION ON 31st DECEMBER, 1967
BY AGE, SEX, AND SIZE AND TYPE OF HOME

Persons (exclusive of staff) residing in

Age	Sex	Homes in the possession of the Council whose normal bed complement for residential accommodation is				Joint user premises shared with hospitals		Accommodation provided on behalf of the Council by voluntary organisations	Total
		Under 31	31-50	51-70	71-150	Over 150	In possession of a local authority	In possession of hospitals	
1. Under 30	M	-	-	-	-	-	-	-	4
2. 30-49	F	-	-	-	-	-	-	-	3
3. 50-64	M	-	2	-	-	-	-	-	5
4. 65 and over	F	-	-	-	2	-	-	-	6
5. 50-64	M	-	11	2	13	-	-	-	5
6. 65 and over	F	1	16	10	9	-	-	-	6
7. Total under 65		1	29	12	24	-	-	-	29
8. 65-74	M	2	29	14	33	-	-	-	5
9. 75-84	F	2	33	19	25	-	-	-	5
10. 85 and over	M	2	44	25	31	-	-	-	2
11. 65-74	F	7	98	41	60	-	-	-	6
12. 75-84	M	1	39	14	15	-	-	-	1
13. 85 and over	F	3	115	37	24	-	-	-	15
14. Total 65 and over		17	358	150	198	-	-	-	34
15. Total		18	387	162	222	-	-	-	63
16. Number of homes in which persons reside		1	8	3	2	-	-	-	14
17. Number of persons accommodated on behalf of other local authorities (included in the table above)						(a) aged under 65	(b) aged 65 and over	(c) Total	
						2	8	10	
18. Number of persons accommodated as residents by other local authorities on behalf of the Council (not included in table above)						(a) aged under 65	(b) aged 65 and over	(c) Total	
						1	22	23	

TABLE 8

MEALS ON WHEELS SERVICE

Area	Meals supplied during 1967	No. of persons who received meals during 1967
Beaminster Rural	883	18
Blandford Borough	6,677	31
Blandford Rural		120
Bridport Borough	6,331	85
Bridport Rural		51
Dorchester Borough	1,397	41
Dorchester Rural	3,144	64
Lyme Regis Borough	679	11
Poole Borough	14,717	330
Portland Urban	1,006	33
Shaftesbury Borough	1,295	34
Shaftesbury Rural	1,313	28
Sherborne Urban	2,802	51
Sherborne Rural	60	6
Sturminster Rural	3,429	60
Swanage Urban	2,354	27
Wareham Borough	2,144	22
Wareham and Purbeck Rural	1,918	59
Weymouth Borough	10,539	236
Wimborne Minster Urban	2,378	50
Wimborne and Cranborne Rural	4,088	72
TOTALS	67,154	1,429

